

# St. Louis Metropolitan Police Department

REQUEST TO START OR STOP DUES / FEES

**For Police Department Employees Only (650 or 652)**

\_\_\_\_\_  
PRINT EMPLOYEE NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

To the Comptroller, City of St. Louis:

Please make the following change to my deduction(s).

Start	Organization	Amount	
<input type="checkbox"/>	The Ethical Society of Police	\$20.00	333
<input type="checkbox"/>	St. Louis Police Leadership Organization	\$21.88	FO
<input type="checkbox"/>	**St. Louis Police Officer's Association	\$33.76	PA
<input type="checkbox"/>	Fair Share Dues	\$10.25	PA
<input type="checkbox"/>	Civilian St. Louis Police Association	\$10.00	PA
<input type="checkbox"/>	Police Relief Association	\$5.00	33
<input type="checkbox"/>	Police Funeral Association	\$4.31	34

Stop	Organization	Amount	
<input type="checkbox"/>	The Ethical Society of Police	\$20.00	333
<input type="checkbox"/>	St. Louis Police Leadership Organization	\$21.88	FO
<input type="checkbox"/>	**St. Louis Police Officer's Association	\$33.76	PA
<input type="checkbox"/>	Fair Share Dues	\$10.25	PA
<input type="checkbox"/>	Civilian St. Louis Police Association	\$10.00	PA
<input type="checkbox"/>	Police Relief Association	\$5.00	33
<input type="checkbox"/>	Police Funeral Association	\$4.31	34

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Police Department Payroll Office use only.

\*\*The information on this form was forwarded to the St. Louis Police Officer's Association on \_\_\_/\_\_\_/\_\_\_.

This form was forwarded to the Comptroller's Office Payroll Section on \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
Payroll Supervisor or Designee

\_\_\_\_\_  
Date

Change will be made effective the first pay period after form is received.

Revised 11/3/2021

NAME: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

I, the undersigned, being a member of the St. Louis Police Leadership Organization, hereby designate:

NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

as beneficiary, in place of the beneficiary or beneficiaries heretofore named. The right is reserved to revoke this designation and to substitute another beneficiary or beneficiaries subject to all the conditions of the St. Louis Police leadership Organization by-Laws.

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) to survive the Member, unless otherwise provided herein.

If no designated beneficiary survives the member, settlement will be made to the estate of the Member, unless otherwise provided.

I hereby agree that the copy of my signature appearing on this form, shall be accepted as my signature and I further agree to the below described conditions of this designation.

_____ SIGNATURE OF DISINTERESTED WITNESS	_____ SIGNATURE OF MEMBER
_____ DATE	_____ DATE

**ACTIVE**

The member named on this form is entitled by the By-Laws of the St. Louis Police Leadership Organization to a death benefit of \$2,000.00 payable to the designated beneficiary upon submission to the Organization of a certified copy of the member's death certificate.

Assistance in filing for this benefit can be obtained by contacting the Organization at (314) 353-2407.

To change beneficiaries, contact the Organization.

**EMERITUS (Retired)**

The member on this form is entitled by the By-Laws of the St. Louis Police Leadership Organization to a death benefit of \$500.00 payable to the designated beneficiary upon submission to the Organization of a certified copy of the member's death certificate.

Assistance in filing for this benefit can be obtained by contacting the Organization at (314) 353-2407.

To change beneficiaries, contact the Organization.