

St. Louis Metropolitan Police Department

REQUEST TO START OR STOP DUES / FEES

For Police Department Employees Only

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

PRINT EMPLOYEE NAME

EMPLOYEE NUMBER

To the Comptroller, City of St. Louis:

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

Start	<u>Organization</u>	<u>Amount</u>
<input type="checkbox"/>	Ethical Society of Police R	\$20.00
<input type="checkbox"/>	Police Leadership Organization R	\$21.88
<input type="checkbox"/>	Uniform Police Association R (Please enter total amount)	\$ _____
<input type="checkbox"/>	Civilian Police Association R (Please enter total amount)	\$ _____
<input type="checkbox"/>	Police Relief R	\$5.00
<input type="checkbox"/>	Police Funeral	\$4.31

Stop	<u>Organization</u>	<u>Amount</u>
<input type="checkbox"/>	The Ethical Society of Police R	\$20.00
<input type="checkbox"/>	Police Leadership Organization R	\$21.88
<input type="checkbox"/>	Uniform Police Association R	\$ _____
<input type="checkbox"/>	Civilian Police Association R	\$ _____
<input type="checkbox"/>	Police Relief R	\$5.00
<input type="checkbox"/>	Police Funeral	\$4.31

Employee Signature

Date

Police Department Payroll Office use only.

1) Uniform Police Association and Civilian Police Association was forwarded to the St. Louis Police Officer's Association on ___/___/___.

2) This form was forwarded to the Comptroller's Office Payroll Section on ___/___/___.

PD Payroll Supervisor or Designee

Date

Comptroller's Office - Payroll Section use only.

Date Received ___/___/___.

Entered into Oracle by: _____

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.