



## WHAT IT MEANS TO BE A MEMBER...

- Your membership makes you part of a large support network, assisting other officers and their families every day, who are injured, disabled or killed in the line of duty.
- You become eligible for the provision of benefit and legal review, filings and recovery services offered to officers injured, disabled or killed in the line of duty.
- Assistance with member's personal illness and health care matters including illnesses and health care of spouses and children.

## WHAT BENEFITS DO MEMBERS RECEIVE...

- Assistance in benefits reviews, filings for benefits and legal review for injuries you receive while at work or off duty.
- Financial Assistance up to \$500.00 per month, if eligible based upon the provision of supporting documents.
- With member donation amounts of \$5.00 per pay entitles the member to a \$25,000.00 Personal Life Insurance policy and a Will & Living Trust at the expense of the members at the modest cost of \$550.00.
- Analyze your families current benefits through a trusted insurance partner. (Return the completed information and the Thin Blue Line will have a representative contact you at your request.)
- For only 33 cents per day, take care of your family and have the knowledge that you are also assisting other law enforcement officers and/or their families that are in need.

The Thin Blue Line of Michigan

[www.tblofmi.com](http://www.tblofmi.com)

P.O. Box 415 • Howell, MI 48844-0415 • P 517.540.6571 • F 517.540.6573

## PAYROLL DONATION FORM FRONT

NAME (PRINTED) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

PAYROLL DONATIONS TO BEGIN (DATE) \_\_\_\_\_

Donations to continue until concealed in writing

CHECK ONE \_\_\_\_\_

Certified Law Enforcement Officer

Firefighter

Dispatcher/Corrections Officer

Administrative Clerk

Other \_\_\_\_\_

CHECK ONE \_\_\_\_\_

New Donation Member

Membership Donation Increase

Return Member

authorize my employer, \_\_\_\_\_ to deduct the following amount from my paycheck as a TAX DEDUCTIBLE contribution to the:

Thin Blue Line of Michigan

All contributions will be sent to: National City 207 N. Michigan Ave., Ste. 100, Howell, MI 48843  
Checking Account No: 628974089 • Routing Number: 072000915

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ \$ \_\_\_\_\_ PER PAY \_\_\_\_\_

# MEMBERSHIP APPLICATION

# THE QUESTION...

Where do I turn in my time of need and support?

The Thin Blue Line is a non-profit organization, which exists solely to assist and support the families of injured or deceased officers of law enforcement agencies within the State of Michigan. Whether active or honorably retired, officers and their families are assured that The Thin Blue Line will aid them with financial, emotional, physical, and medical needs that arise upon the occasion of an officer's injury or death.

## MEMBERSHIP

\$5.00 bi-weekly

\*Will & Living Trust for \$550.00

\*\$25,000 Personal Life Insurance

## DID YOU DO THE FOLLOWING?

- Complete the Payroll Donation Form Front
- Complete the Payroll Donation Form Back
- Send a completed copy of the Payroll Donation Front and Back to the Thin Blue Line of Michigan
- Turn in a completed copy (front and back) of the Payroll Donation Form to your Payroll Department



## LONG TERM DISABILITY POLICY 180 Day Wait

\*25 to 34 years of age  
\$40.00 per month, \$20.00 per bi-weekly pay check or \$10.00 per weekly pay check.  
\$25,000 Personal Life Insurance

\*35 to 44 years of age  
\$50.00 per month, \$25.00 per bi-weekly pay check or \$12.50 per weekly pay check.  
\$25,000 Personal Life Insurance

\*45 to 49 years of age  
\$70.00 per month, \$35.00 per bi-weekly pay check or \$17.50 per weekly pay check.  
\$25,000 Personal Life Insurance

\*50 to 54 years of age  
\$100.00 per month, \$50.00 per bi-weekly pay check or \$25.00 per weekly pay check.  
\$25,000 Personal Life Insurance

This Long Term Disability Policy begins paying after 180 days off of work due to work related injuries, personal illness or accidental injuries. This policy pays 60% of the prior year's W-2 earnings of primary employment, less deductible income. The stated policy fees can cover annual wages up to but not exceeding \$75,000. Maximum monthly LTD income payment is \$5,000.

## LONG TERM DISABILITY POLICY 30 Day Wait

\*25 to 34 years of age  
\$80.00 per month, \$40.00 per bi-weekly pay check or \$20.00 per weekly pay check.  
\$25,000 Personal Life Insurance

\*35 to 44 years of age  
\$100.00 per month, \$50.00 per bi-weekly pay check or \$25.00 per weekly pay check.  
\$25,000 Personal Life Insurance

\*45 to 49 years of age  
\$140.00 per month, \$70.00 per bi-weekly pay check or \$35.00 per weekly pay check.  
\$25,000 Personal Life Insurance

\*\$50 to 54 years of age  
\$180.00 per month, \$90.00 per bi-weekly pay check or \$45.00 per weekly pay check.  
\$25,000 Personal Life Insurance

This Long Term Disability Policy begins paying after 30 days off of work due to work related injuries, personal illness or accidental injuries. This policy pays 60% of the prior year's W-2 earnings of primary employment, less deductible income. The stated policy fees can cover annual wages up to but not exceeding \$75,000. Maximum monthly LTD income payment is \$5,000.

**For Long Term disability policies,  
if your primary annual earning is greater than \$75,000  
please contact the administrator for monthly set fee.**

# PAYROLL DONATION FORM BACK

EMPLOYEE COVERAGE

NAME \_\_\_\_\_

AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

SPOUSE NAME \_\_\_\_\_

AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

LONG TERM DISABILITY APPLICANT ONLY

W-2 WAGES REPORTED BY PRIMARY EMPLOYER \$ \_\_\_\_\_

EMPLOYEE'S BENEFICIARY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

I understand and agree that the insurance applied for shall become effective 30 days following the first deduction from my paycheck.

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

Turn this form into Thin Blue Line of Michigan

POLICY ADMINISTRATOR

Scott L. Reimacher

E.scott@tblfmi.com

MAILING ADDRESS

Thin Blue Line of Michigan

P.O. Box 415 • Howell, MI 48844-0415

P 517.540.6570

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POLICY COORDINATOR

Laurie A. Reimacher

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