



End of Watch Paperwork

I. Table of Content:

Table of Contents (showing what documents are in the folder and listing important documents stored elsewhere).

II. Copies of forms: NV PERS, Beneficiary Designation for Final Paycheck, Critical Incident Emergency Contact, etc.

III. Contact Sheets.

- A. Department/Agency/Union/PEAP contacts (direct lines and cell numbers).
- B. Family contact list (including who you've chosen as your family spokesperson). *Make sure to note who is to take care of your children in the immediate and the long-term.
- C. Friend contact list. *Make sure to note who needs to be contacted right away and how you would prefer they be contacted.
- D. Other contacts (insurance agents, lawyers, accountants, estate executor, Dept of Veterans Affairs, etc.).

IV. Financial.

- A. List of all bank, credit, and investment accounts (including usernames and passwords and PINs). *To avoid issues accessing these accounts, make sure you have both you and your spouse's names are both listed on all the accounts...or that their name is listed as POD (Payable on Death) if they aren't a user on the account.
- B. List of all safe-deposit boxes and locations of keys.
- C. List of insurance policies (with policy numbers and contact information) that includes a benefit amount breakdown for each.
- D. List of local, state, and federal LODD benefits.
- E. Copies of forms showing beneficiaries for life insurance policies.

V. Other.

- A. List of all online accounts (email, social media, icloud, iTunes, etc.) that include usernames and passwords.
- B. List of all important serial numbers (guns, electronics, vehicles, etc.).
- C. List of other important numbers (social security, passport, driver license, etc.).
- D. List of important pass codes (safes, alarm codes, cell phones, work locker, etc.).
- E. List of guns you own, their locations, and any notes about them.
- F. Other important notes for your spouse/family (ex: on caring for your home or animals, etc.).
- G. Personal letters to family & friends.

VI. Final Arrangements.

- A. Type of services desired (funeral, memorial, wake, viewing, rosary, burial, graveside, cremation, etc.).
- B. Preferred mortuary & cemetery.
- C. Preferred Officiant (chaplain, minister, pastor, priest, rabbi, other) & their contact info.
- D. Preferred musical selections.
- E. Preferred eulogist and speakers.
- F. Preferred charity contributions.
- G. Pall bearers, if applicable.
- H. Preferred Law Enforcement Protocols (honor guard, etc.).
- I. Letters to be read at services.

VII. Legal Documents.

- A. Last Will & Testament.
- B. Advanced Health Directive.
- C. Trust.
- D. Power of Attorney.
- E. List of locations for deeds, titles, insurance policies, etc. *Make sure both you and your spouses names are both listed on all deeds, titles, insurance policies, etc.
- F. DD-214 (proof of military service).

VIII. Helpful Phone Numbers.

IX. Letters from LVMPD's Undersheriff Kevin McMahon and NLS Principal Broker Bill Rohac.

II. Copies of forms: NV PERS, Beneficiary Designation for Final Paycheck, Critical Incident Emergency Contact, etc.

PLEASE, whatever you do decide to fill out, make sure you've filled out and turn in the NV PERS form included in this document. This will ensure your loved ones receive financial assistance should tragedy strike. If no beneficiary is listed at the time of death, the money accumulated will all go back to into the "PERS purse" and your loved one will be able to collect nothing. ZERO.

You can log on to the PERS Website to ensure the information is updated and posted.



Survivor Beneficiary Designation Form

Public Employees' Retirement System of Nevada
 693 W. Nye Lane, Carson City, NV 89703 - (775) 687-4200 - Fax (775) 687-5131
 7455 W. Washington Ave., Suite 150, Las Vegas, NV 89128 - (702) 486-3900 - Fax (702) 304-0697
 5820 S. Eastern Ave., Suite 220, Las Vegas, NV 89119 - (702) 486-3900 - Fax (702) 678-6934
 Toll Free: (866) 473-7768 www.nvpers.org

Member Information	Name Change <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Former Name: _____
Name: _____	SSN: _____ Birth Date: _____ <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	City, State, Zip: _____
Home Phone: _____	Work Phone: _____ Employer: _____
Married or have a registered domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Beneficiary Information A spouse or registered domestic partner is the member's primary beneficiary and will be considered first to receive any lifetime benefit available in the event of the member's death prior to retirement. If a monthly benefit is not available, the spouse or registered domestic partner may be eligible to receive a one-time, lump-sum payment of any existing member contributions in the System. Children under age 18 may be eligible to receive a limited benefit.

Name of Spouse or Registered Domestic Partner: _____ SSN: _____ Birth Date: _____ M F

List all unmarried children (biological or legally adopted) under age 18. (Attach separate sheet if necessary.)

Name: _____ SSN: _____ Birth Date: _____ M F

Name: _____ SSN: _____ Birth Date: _____ M F

Name: _____ SSN: _____ Birth Date: _____ M F

Survivor Beneficiary Designation All PERS members should list one person as the Survivor Beneficiary in this area of the form (**not a spouse or registered domestic partner, trust or charitable organization**) to receive a lifetime benefit that may be payable **in the event of an unmarried member's death or a member and spouse's/registered domestic partner's simultaneous death prior to retirement**. Additional Payees may also be designated to split the payment with the Survivor Beneficiary by percentage. Monthly payments to Additional Payees cease upon the death of the designated Survivor Beneficiary.

	Benefit Percentage
Survivor Beneficiary: (If you do not wish to provide a lifetime benefit for a Survivor Beneficiary/Additional Payees, indicate NONE.)	
Name: _____ SSN: _____ Birth Date: _____ <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____ City, State, Zip: _____	_____ %
Additional Payees: (Attach separate sheet, if necessary)	
Name: _____ SSN: _____ Birth Date: _____ <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____ City, State, Zip: _____	_____ %
Name: _____ SSN: _____ Birth Date: _____ <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____ City, State, Zip: _____	_____ %
Name: _____ SSN: _____ Birth Date: _____ <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____ City, State, Zip: _____	_____ %
TOTAL PERCENTAGES FOR SURVIVOR BENEFICIARY + ALL ADDITIONAL PAYEES =	
Survivor Beneficiary & Additional Payee percentages must be <u>whole numbers</u> and total 100% when added together	Total %

Tertiary Beneficiary Designation The tertiary beneficiary may be eligible to receive a one-time, lump-sum payment of any refundable employee contributions in the System **if no one else listed above is eligible**. If more than one person is listed, the payment will be split equally unless otherwise stated by the member. Charitable organizations and trusts may be designated here. Attach a separate sheet if necessary.

Name: _____ SSN: _____ Birth Date: _____ M F

Address: _____ City, State, Zip: _____

<p>I understand that the information designated on this form supersedes all prior beneficiary designations that I have submitted on other forms, and that this information only affects records with the Public Employees' Retirement System.</p> <p>Member Signature: _____ Date: _____</p>	<p>For PERS Use - Date Received</p>
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Survivor Benefits

If a member dies prior to retirement, eligible survivors are entitled to a monthly survivor benefit. Pursuant to NRS 286.671, eligible survivors are the member's spouse or Survivor Beneficiary and Additional Payees. In addition, dependent children under the age of 18 at the time of the member's death would also be eligible for a benefit. In order for the Survivor Beneficiary and Additional Payees to receive benefits, the member must be unmarried at the time of death. To qualify for survivor benefits, the member must have:

1. Two years of service in the two and one-half years immediately preceding the member's death;
2. Ten or more years of accredited service; or
3. Died as a result of an occupational disease or as a result of an accident arising out of or in the course of employment, regardless of service credit.

The calculation of benefits for the spouse or the Survivor Beneficiary and Additional Payees is based on the number of years of service credit the member had at the time of death. If the member had less than 10 years of service credit, the benefit would be \$450.00 paid to the spouse or split between the Survivor Beneficiary and the Additional Payees based on the designated percentage.

If the member had more than 10 years of service credit but less than 15 years, the benefit would be paid under Option 3, which is calculated based on the member's age at the time of death, the spouse's or Survivor Beneficiary's age, member's service credit, and average compensation. A flat rate monthly benefit of \$450.00 could be substituted for the Option 3 benefit, depending on which is greater.

If the member had more than 15 years of service credit or was fully eligible to retire, the benefit would be paid under Option 2, which is calculated based on the member's age at the time of death, the spouse's or Survivor Beneficiary's age, member's service credit, and average compensation. A flat rate monthly benefit of \$450.00 could be substituted for the Option 2 benefit, depending on which is greater.

Dependent children under the age of 18 at the time of the member's death, who were the issue of or legally adopted children of the member, are entitled to a monthly benefit of \$400.00 per month until the child reaches age 18. Once the child reaches age 18, he/she must be a continuous full-time student, to receive benefits until age 23.

Benefits cease upon death of the Survivor Beneficiary. Therefore, if the System was paying benefits to a Survivor Beneficiary and Additional Payees, when the Survivor Beneficiary dies, payments to the Additional Payees would cease as well. If an Additional Payee dies, the benefit amount would be redistributed among the remaining payees.

The designation of the Survivor Beneficiary and the Additional Payees must be made on the PERS' form entitled Survivor Beneficiary Designation. Your named Survivor Beneficiary and Additional Payees would receive payment based on the percentages you designated for the lifetime of the Survivor Beneficiary. The form must be properly completed and be submitted or postmarked with a date prior to the member's death.

In the event the member fails to meet eligibility requirements for survivor benefits prior to death, a lump-sum refund of any employee contributions would be paid to the member's spouse. If no spouse exists the refund would be paid to the listed Survivor Beneficiary/Additional Payees. If there are no listed Survivor Beneficiary/Additional Payees the refund would be paid to the listed Tertiary Beneficiary/ies. If there are no listed Tertiary Beneficiary/ies the refund would be paid to the member's estate. If there is no estate, the refund would be paid to the member's heirs.

If you have additional questions, please contact our Counseling Services Division at (775) 687-4200, toll-free 1-866-473-7768 or contact our Las Vegas office at (702) 486-3900.

BENEFICIARY DESIGNATION FOR FINAL PAYCHECK

Your beneficiary designations may be changed at any time by completing a new form in Payroll. A new designation supersedes all prior designations in their entirety, so please complete all sections whenever a change is made.

EMPLOYEE INFORMATION	
Employee Name: <small>(Please Print)</small>	P#: _____
Daytime Phone Number:	_____

PRIMARY BENEFICIARY DESIGNATION	
<small>The person who will receive your final paycheck upon your death.</small>	
Name: <small>(Please print)</small>	_____
Social Security #: <small>(Recommended)</small>	_____
Relationship:	Select...
Street Address:	_____
City, State, Zip Code:	_____
Phone:	_____

CONTINGENT BENEFICIARY DESIGNATION #1	
<small>The person who will receive your final paycheck in the event that the primary beneficiary is deceased.</small>	
Name: <small>(Please print)</small>	_____
Social Security #: <small>(Recommended)</small>	_____
Relationship:	Select...
Street Address:	_____
City, State, Zip Code:	_____
Phone:	_____

CONTINGENT BENEFICIARY DESIGNATION #2	
<small>The person who will receive your final paycheck in the event that the primary beneficiary AND contingent beneficiary #1 are both deceased.</small>	
Name: <small>(Please print)</small>	_____
Social Security #: <small>(Recommended)</small>	_____
Relationship:	Select...
Street Address:	_____
City, State, Zip Code:	_____
Phone:	_____

SIGNATURES	
Employee Signature:	_____
Printed Name of Witness: <small>(Not a designated beneficiary)</small>	_____
Witness Signature: <small>(Required)</small>	_____
Date:	_____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
EMPLOYEE PERSONAL INFORMATION

Effective Date: _____

New Employee Name Change * Address/Phone Change Emergency Contact Change

Current Name: _____ Hire Date: _____ P. Number: _____

Classification: _____ Bureau Name: _____ Bureau Number: _____

Complete only the section(s) necessary. New employees must complete all sections except name change.

NAME:

If reporting a name change:

Previous Name: _____

*** YOU MUST REPORT TO PAYROLL WITH A NEW SOCIAL SECURITY CARD TO FINALIZE THIS CHANGE**

ALL employees must have an accurate home address and telephone contact number on file at all times (in accordance with 4/110.04).

ADDRESS / PHONE:

New Home Address: _____ Bldg/Apt#: _____
Number and Street (Required: A "P.O. Box" is not acceptable.)

City: _____ State: _____ Zip Code: _____

Mailing Address: _____
(Required only if different from home address. You may use a P.O. box here, OR street address, City, State, Zip.)

Telephone Contact Number: _____ Land-line Cell*

Add'l Phone Contact Number: _____ Land-line Cell*

* Cell number required ONLY if NO land-line number is provided.

EMERGENCY CONTACT:

1. Name: _____ Relationship: Select... Phone #: _____

Address: _____ Bldg / Apt#: _____ City: _____ State: _____ Zip: _____
Number & Street

2. Name: _____ Relationship: Select... Phone #: _____

Address: _____ Bldg / Apt#: _____ City: _____ State: _____ Zip: _____
Number & Street

THIS SECTION IS OPTIONAL

SERIOUS / CRITICAL INJURY:

Name: _____ P#: _____
(Person named must be a current department member.)

Address: _____ Bldg/Apt#: _____
Number and Street

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Pager: _____ Cell Phone: _____

REMINDER: The employee is responsible for updating their personal information with all other agencies/vendors/insurance providers that are associated with LVMPD

*The most current list of frequently called numbers can be found on the LVMPD Intranet at
EMPLOYEE SERVICES / PAYROLL / PAYROLL FAQs AND FORMS / FREQUENTLY CALLED NUMBERS.*

Signature: _____ Date: _____

(Sign all copies and distribute one to each of the areas listed below.)

- Payroll • Communications • Unit of Assignment

IV. Financial.

A. List of all bank, credit, and investment accounts (including usernames and passwords and PINs). *Make sure both your names are both listed on the accounts.....or have their name listed as POD (Payable on Death) if they aren't a user on the account.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

B. List of all safe-deposit boxes and locations of keys.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

C. List of insurance policies (with policy numbers and contact information) that includes a benefit amount breakdown for each.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

D. List of local, state, and federal LODD benefits *note – the state and federal benefit information can be found at www.nationalcops.org

- _____
- _____
- _____
- _____
- _____
- _____
- _____

E. Copies of forms showing beneficiaries for life insurance policies.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

VI. Final Arrangements.

A. Type of services desired (funeral, memorial, wake, viewing, rosary, burial, graveside, cremation, etc).

- _____

B. Preferred mortuary & cemetery (location, phone number).

- _____

C. Preferred Officiate (chaplain, minister, pastor, priest, rabbi, other) & their contact info.

- _____

D. Preferred musical selections.

- _____

E. Preferred eulogist and speakers.

- _____

F. Preferred charity contributions.

- _____

G. Pall bearers, if applicable.

- _____

H. Preferred Law Enforcement Protocols (honor guard, etc).

- _____

I. Letters to be read at services.

- _____

VII. Legal Documents.

A. Last Will & Testament.

B. Advanced Health Directive.

C. Trust.

D. Power of Attorney.

E. List of locations for deeds, titles, insurance policies, etc. *Make sure both you and your spouse's names are both listed on these important documents.

F. DD-214 (proof of military service).

VIII. Helpful Phone Numbers

PEAP (Police Employees Assistance Program) [702-828-3357](tel:702-828-3357)

PERS (Retirement) [702-486-3900](tel:702-486-3900)

PPA (Commissioned) [702-384-8692](tel:702-384-8692)

Metro Payroll [702-828-3041](tel:702-828-3041)

LVPPA (Las Vegas Police Protective Association) [702-384-8692](tel:702-384-8692)

MassMutual (Def. Comp) [800-528-9009](tel:800-528-9009)

SSA (Social Security Administration) [800-772-1213](tel:800-772-1213)

VA (Department of Veterans Affairs) [800-827-1000](tel:800-827-1000)

US Armed Forces Reserve Center [702-457-0809](tel:702-457-0809)

AFLAC [702-871-9997](tel:702-871-9997)

IPOF (Injured Police Officers Fund) [702-380-2840](tel:702-380-2840)

FREQUENTLY CALLED BENEFIT NUMBERS

REMINDER: If you have changed your name, address, phone number, or beneficiaries, you may need to update the same information with the other organizations that are affiliated with Metro. The following list has been compiled for you to use as a check list to complete those updates.

<p>ASSOCIATION</p>	<p><u>PPA - LV Police Protective Assoc.</u></p> <p>9330 W Lake Mead #200 Las Vegas, NV 89134 702-384-8692 702-384-7989 (Fax) Hours: 0800-1700 M-F Email: Office@lvppa.com</p>	<p><u>PPACE - LV Police Protective Assoc., Civilian Employees</u></p> <p>9330 W Lake Mead #100 Las Vegas, NV 89134 702-382-9121 702-382-3603 (Fax) Hours:0700-1700 M-F Email: Office@ppace.org</p>	<p><u>PMSA - Police Managers & Supervisors' Assoc.</u></p> <p>801 S Rancho Rd. Ste. A-1 Las Vegas, NV 89106 702-384-2924 702-384-3024 (Fax) Hours: M-Th 08:30-16:30 F 8:30-12:00 Email: Office@lvpmsa.org</p>
<p>HEALTH/LIFE INSURANCE</p>	<p><u>LVMPD Employee's Health & Welfare Trust</u></p> <p>UMR Contact: JJ Britton 2724 N Tenaya Way Las Vegas, NV 89128 702-413-1701 702-413-1707 (Fax)</p> <p>Trust Chairman: Gary Schofield</p> <p>Health Plan Director: Kelly Taylor HQ, Bldg B, 2nd Floor, Office 255 641-2160 Kelly.taylor@metrohealthtrust.com</p>	<p><u>Health Plan of Nevada</u></p> <p>PPACE 382-9121</p> <p><u>Guardian DentalGuard/Vision</u> Dental 800-541-7846 Vision 877-814-8970 Plan # G-00374832</p> <p><u>Guardian Life Insurance</u> 212-598-8000</p>	<p><u>LVMPD Appointed Health and Life Benefits</u></p> <p>400 S. Martin L. King Blvd, Bldg. B Las Vegas, NV 89106 702-828-2904</p> <p><u>Clark County Self-Funded PPO Network</u> Loomis Company – (Third Party Administrator) http://www.loomisco.com 866-415-7246</p> <p>Catalyst RX https://www.catalystrx.com 888-869-4600</p> <p><u>Clark County HPN-HMO</u> http://www.clarkcohpnbenefits.com 702-242-7300</p>
<p>AFLAC <i>Supplemental Insurance</i></p>	<p>Representative: John Innes Assistant: Suze Hoffman</p>	<p>5125 W. Oquendo Rd #10 Las Vegas, NV 89118 Hours: 0900-1700 M-TH</p>	<p>702-871-9997 702-871-0406 (Fax) 800-992-3522 (Customer Service)</p>
<p>ASIFLEX PLAN <i>Flexible Spending Accounts</i></p>	<p>ASIFLEX Customer Service www.asiflex.com</p>	<p>201 W Broadway, #4C Columbia, MO 65203</p>	<p>800-659-3035</p>
<p>BPA <i>Black Police Association</i></p>	<p>Contacts: Regina Coward (Pres) Adrian Hunt (Vice Pres) Sonya Wortham (Sec) Charles Jenkins (Treas)</p>	<p>P.O. Box 1834 Las Vegas, NV 89125</p>	<p>702-265-5714 (Regina) 702-349-3330 (Adrian) 702-767-1329 (Sonya) 702-375-4314 (Charles)</p> <p>702-341-9058 (Fax) www.nbpaneveda.com Email: nvblackpolice@aol.com</p>
<p>GENWORTH LIFE <i>Supplemental Insurance</i></p>	<p>Representative: John Innes Assistant: Suze Hoffman</p>	<p>American Financial Services 5125 W. Oquendo Rd #10 Las Vegas, NV 89118 Hours: 0900-1700 M-TH</p>	<p>702-871-9997 702-871-0406 (Fax)</p>
<p>LVMEBT <i>Las Vegas Metro Employees Benefit Trust</i></p>	<p>Plan Administrators: UMR Contact: JJ Britton Chairman: Kenny Delzer</p>	<p>2724 N Tenaya Way Las Vegas, NV 89128</p>	<p>702-413-1701 option O for JJ 702-413-1707 (Fax) 702-384-2924 (PMSA Office) 702-384-3024 (Fax)</p>

MASSMUTUAL <i>Deferred Compensation</i> <i>Previously</i> <i>ITT Hartford</i>	Representative: Janet Corral Assistant: Tracey Pulsipher MassMutual Retirement Services PO Box 1583 Hartford, CT 06144-1583	8871 W Flamingo Rd #202 Las Vegas, NV 89147 MassMutual Customer Service (including Loans and Hardship Withdrawals)	855-553-2176 ex 3 (Janet) 855-553-2176 ex 1 (Tracey) 702-457-0033 (Fax) Email: jcorral@massmutual.com tpulsipher@massmutual.com 800-528-9009 www.massmutual.com/serve
NLPOA <i>National Latino Peace</i> <i>Officers Association</i>	Contacts: Marco Alvarado – NV President Jesus Jimenez – LV President Romaine Gibson – LV Vice Pres Rodolfo Gil – LV Treasurer Jessica Farside – LV Secretary	NLPOA Las Vegas Chapter P.O. Box 271477 Las Vegas, NV 89127	702-245-0562 (Rodolfo) www.nlpoalv.org Email: info@nlpoalv.org
PPA Supplemental Life Insurance <i>Insurance Carrier: The</i> <i>Standard</i>	Bill Rohac, Principal/Broker NLS INSURANCE (Nevada Life Services)	4850 W. Sunset Rd #125 Las Vegas, NV 89118	702-432-5551 702-432-5559 (Fax) Email: bill@nevadalifeservices.com
PPACE Voluntary Benefits	Allstate Benefits	PO Box 650514 Dallas, Tx 75265-0514	800-521-3535 (Customer Care) 866-427-3677 (Fax) AB-CustomerCare@allstate.com 800-348-4489 (Claims) AB-Claims@allstate.com www.allstateatwork.com/mybenefits
PUBLIC EMPLOYEES RETIREMENT SYSTEM	Las Vegas- 5820 S. Eastern Ave Ste #220 Las Vegas, NV 89119 7455 W Washington Ave Ste #150 Las Vegas, NV 89128	Carson City- 693 W Nye Lane Carson City, NV 89703	702-486-3900 (Las Vegas) 775-687-4200 (Carson City) 866-473-7768 (Toll-free) 678-6934 (Las Vegas fax) 775-687-5131 (Carson City fax) www.nvpers.org
SOCIAL SECURITY ADMINISTRATION <i>Name Changes</i>	1250 S Buffalo Dr, Ste #150 Las Vegas, NV 89117 Hours: 9:00 a.m. to 4:00 p.m.	4340 Simmons St North Las Vegas, NV 89032 Hours: 0900 to 1600 M-F	866-704-4859 (Buffalo) 866-614-9667 (Simmons) 800-772-1213 (Toll Free) www.ssa.gov
SPA <i>Sheriff's Protective</i> <i>Association</i>	Henry Coker, Chairman Shane Robb, Co-Chairman Geneal Coker, Secretary Sandie Durgin, Treasurer		702-290-3868 (Henry) 702-828-4161 (Shane) 702-452-5765 (Geneal) 702-303-2594 (Sandie) 702-452-1394 (Geneal's Fax) 702-564 -9225 (Sandie's Fax) www.lvmpdspa.com
WESTERN INSURANCE SPECIALISTS <i>Supplemental Insurance</i> <i>Insurance carrier:</i> <i>Sunlife</i>	Western Insurance Specialties Contact: Karen Biggs	NV Lic# 213005 PO Box 12910 443 W Plumb Ln Reno, NV 89510	800-342-0707 (Toll-Free) 775-826-2333 (Reno Area) 702-383-9187 (Las Vegas) 775-826-2390 (Fax) Email kcb@wisnv.com



Hello,

The LVMPD Wives group gave me an opportunity to speak directly to you through these documents. The Metro Wives group does many wonderful things in regards to the health and safety of our employees. The wives group has done an exceptional job at stepping in when the department is limited by law, to assist families of employees injured or incapacitated in an off duty situation. They also take care to assist families dealing with catastrophic issues for the long term. I wish this was not necessary, however I am thankful for the work they do and the services they provide.

I am also writing to the wives with a personal appeal. This includes the wives of all active Law Enforcement in Southern Nevada, not just the LVMPD. For years, I have worked to get all of our employees to fill out the PERS Survivor Beneficiary form. We have taken the number from over 1,500 down to several hundred. This is still not good enough. The survivor beneficiary is the authority of PERS you grant, to a surviving family member in the event of the member's death if they don't have a spouse listed. If both the member and spouse die, a surviving family member would receive the member benefits for a period of time designated by law. Those members who don't fill this form out lose out on the benefits to the surviving family member. We have had this happen several times and the emotional and financial toll it takes on families is devastating. I need your help. Please ensure your loved one fills out this form, faxes it to PERS and then logs on to ensure the information is updated and posted.

I would also encourage all of you to look at your life insurance. Many of our officers have chosen not to supplement their family income upon their death. This is a difficult area for cops in particular to talk about. We always think not me. I have been guilty of this myself in the past. We know it happens far too often in our profession and it is always difficult for the survivors. It is far more difficult for the survivors than to have that tough conversation now. Once you get it, include a yearly review of your designated beneficiary as well.

Last but not least....Please consider any supplemental insurance widely available from many vendors. Think about cancer care, intensive care, disability coverage and the like. Being injured in an off duty environment can be catastrophic for our members. Many officers believe the LVMPD has a choice to cover you or not. This is not true at all; we are bound by law as to what we can consider an on duty injury. You must take active control of all your coverage's to ensure long term financial health in the event of injury or death to the active member.

I hope to never take a call from a grieving survivor again about these issues. It is heartbreaking to listen to the raw pain they have to go through. Please help me in ensuring your loved one has this conversation with you!

Respectfully,

A handwritten signature in black ink, appearing to read "Kevin C. McMahon".

Kevin C. McMahon
Undersheriff





10/28/2015

Dear Officers and families,

My name is Bill Rohac; I am a former police officer with METRO.

Since I left the department some time ago I have focused my energies and time on business and more specifically insurance. Several years ago I formed a professional insurance brokerage (NLS Insurance), with the focus of developing and providing an insurance system and portfolio that meets the needs of officers and their families.

If there is one thing that I understand from my own life experiences as an officer, is the need of insurance and the gaps that expose officers and families. There are a lot of assumptions that have been made over the past decades about what is and is not provided to officers and under what circumstances they are offered. Unfortunately, these gaps are not exposed until someone personally experiences them. In addition to the gaps there are a lot of assumptions about the insurance profession and the process of obtaining insurance

I was no different than most of you when it comes to insurance. You don't have the time to do what is needed and you don't know who to trust. It takes years for an individual to fully understand insurance and to become proficient in it. It is no different than when you first entered to the academy, went through field training and the finally got off of probation. You are always growing and learning something new. Then when it comes time to test for a new unit or a promotion it seems as if you're applying for an entirely new line of work. This is why systems, trust and competency in any field are so important in any line of work.

As a whole there are three phases to an officer's career when it comes to insurance. In addition to your carrier there are personal items such as marriage, having children, buying a home and so on that can change your needs and goals. What I have done at NLS Insurance is broken down all three phases of an officer's career and the phases of life and developed a simple comprehensive system that addresses them all. Every officer's personal life is different and should be treated as such. When it comes to your career and what can be done to protect what you're building there is a system. The system is simple and concise. There may be different options depending on what your own situation is, but it is my belief that you should be provided all of the options available and then you make the choice that best suits your specific need.

One of the most critical items an officer who has a spouse or family is having life insurance. There are several types of life insurance available to choose from, but what is critical is that you chose and do something. If you do not protect your family, no one else will. The process for applying for life insurance is very simple. It only takes a few minutes to complete an application. Once we have the application completed we submit it for approval. If we don't get caught up in conversation, you could actually complete an application in no more than 10 minutes. The great thing about the application process is that you get conditional coverage during the underwriting process. This means that if tragedy strikes while your case is in underwriting and before you select a specific policy your family is protected. With several of the companies we use, you don't pay a penny for the life insurance until you get approved and select what type of policy.

NLS Insurance is a brokerage and because of this we use several companies, so that we can find the best policy that fits your needs. One of the biggest options that we provide is that several of the policies we offer provide a return of premium option. This means that if you don't use the insurance you get all of your money back. With a couple of the non-life policies, like our accident and cancer plans we have a return of premium minus claims provision actually built into the policy.

The three major policies that an officer should consider having are life insurance, supplemental insurance and disability insurance. These policies and different options are totally customized to meet your need and budget. Think about this simple concept: If you are paying for insurance and the insurance only pays if you have a claim, would it be more prudent to have a policy that may cost a couple more dollars and give you the ability to get all of your money back at the end? The objective is to get the officer the maximum claim benefit, while providing the ability for the officer to retain as much of their premium dollars back if no claim occurs. This can mean that you get literally tens of thousands of dollars back when you're retiring.

In closing I just want to emphasize three points.

-The first point is if you have loved ones or a family YOU NEED life insurance. Obviously NLS would love to provide you with this product and service. I feel so strongly about this point that in the event that you don't want to deal with NLS, PLEASE go to an insurance professional you trust and get life insurance in place as soon as humanly possible. We do not get to choose when we pass on and we all will pass, so please take care of your family. As mentioned before there are several uses for life insurance. It can be for income replacement, pension max or just leaving a legacy. The sooner you do it, the better off you will be and the more affordable it will be.

The second point is that NLS can and does provide all types of insurance. We do everything from auto, home, life, supplemental, health, annuities, disability and so on. If you have a need we are more than willing and able to assist you. We do not push people; we educate them, so that you the client can make an informed decision. Insurance can and is confusing, do what is best for you and your family.

The third point is take the time to plan and protect yourself now. Some insurance items can take some time to get them approved and issued. It may seem like a complete pain, but if you take the time to sit down with NLS and go through your insurance needs and situation I can guarantee you it will be worth your time. The information and concepts you will learn are based on facts and will suit you well to know.

I have had the distinct pleasure to meet many officers and their families in every capacity and situation thinkable. I have yet to meet with a client or their loved one who said they had too much insurance in place after an incident occurred. We have put the leg work into know what products fit your individual needs best; it's up to you to take the time to sit down and review your options. I do this business out of an act of love. My goal is to take the program I have developed for law enforcement nationally. If you need us we are here for you. Please be safe and I sincerely thank you for the sacrifice you make and the risk you take on a daily basis. I "Get it", I understand and know what it means to be in your position. I truly believe that it is my experience as an officer and in business that has given me the ability and gift to do what I do.

Sincerely,

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