

TEMPORARY INCOME PROTECTION PLAN (TIPP)

Introduction and Purpose

CLEAT is concerned about the financial welfare of its members and their families. When an officer is suspended, the financial impact to the family unit can be significant. In order to ease that burden, CLEAT has implemented this program as a membership benefit.

Definitions

Temporary Suspension – a period of work days during which a member is temporarily suspended, without pay, from the active service of his/her department.

Plan - The Temporary Income Protection Plan (TIPP), as created herein or modified in the future.

Member – a member of CLEAT in good standing.

Working day – one assigned shift of work of any length of hours

Guidelines

1. TIPP is only available to a CLEAT member who is a member in good standing at the time of the incident that gave rise to the temporary suspension. The member must also be paying CLEAT dues under the current dues structure (\$30/month) then in effect at the time of suspension.
2. TIPP covers any temporary suspension that results in a loss of pay.
3. TIPP covers members, as qualified above, who:

- a. Receive a temporary suspension and elect to not appeal the temporary suspension.
4. TIPP does not cover or provide benefits for any temporary suspension related to or involving any self-inflicted injury, any illness, or any disease.
5. A member may not receive benefits under this plan if he has applied for, has received or is receiving any other benefit related to an appeal of a temporary suspension, adjudication of a temporary suspension or related to receiving a temporary suspension.

Benefits

1. A member, who meets the above guidelines, and does not wish to appeal his/her temporary suspension, shall be provided a benefit of \$100.00 (one hundred dollars) per working day of temporary suspension up to a maximum of \$500.00 per calendar year.
2. A member must make application on a form available on-line at www.cleat.org or at any CLEAT regional office. The application must be filled out completely and submitted within 180-days of the date of the temporary suspension along with a copy of the temporary suspension letter before it will be considered.
3. The Plan Administrator shall review the applications. Approved applications shall be forwarded for payment. Payments shall be mailed to the member within thirty (30) days from the date the completed application is received by the Plan Administrator.

4. Benefits are available for up to five (5) days of temporary suspension per calendar year. The calendar year shall be construed as beginning January 1, and ending December 31, of each year.

General Provisions:

1. This benefit provided to members of CLEAT is not insurance. Nothing contained in this document shall be construed as an insurance contract pursuant to the Texas Insurance Code or any other applicable state or federal law.
2. TIPP shall not be construed as bestowing "consumer" status upon any member or members as that term is defined in the Texas Deceptive Trade Practices Act. Nor does this document entitle a member or members to bring suit under the Texas Deceptive Trade Practices Act against CLEAT, CLEAT's Plan Administrator, any member of the CLEAT Executive Board or Board of Directors, any officer or appointed officer or position of CLEAT or employees or agents of CLEAT.
3. If any portion of TIPP is found to be contrary to any law, that portion shall be amended to conform to the applicable law.
4. The title or descriptive headings contained herein are for reference and identification purposes only and shall not be construed to import any particular meaning to the provisions of any section.
5. Nothing contained in this document or any provision of TIPP shall be construed as establishing an employee/employer relationship between CLEAT and its member or members.

**APPLICATION FOR BENEFITS PURSUANT
TO TEMPORARY INCOME PROTECTION PLAN**

I, _____, hereby make application for benefits under the Temporary Income Protection Plan (TIPP). I have been provided a copy of the Plan Document and have read and understand the contents. I am making application for benefits as a result of a: **(circle one)**

one (1); two (2); three (3); four (4); five (5) working-day temporary suspension

(actual number of days suspended) from which I **choose not to appeal**. I signed the receipt of my temporary suspension letter on _____. The date of incident for my temporary suspension occurred on _____. **I understand my Agency may utilize progressive discipline and future violations of a same or similar nature could result in more severe discipline being imposed.** I have attached a copy of my temporary suspension letter from the head of my Agency. I understand that I must submit this application within **180-days** of the date of the temporary suspension and payment will be made in accordance with the time frames identified in the Plan Document, as amended. I certify that I am paying full CLEAT dues under the current dues structure; have not exceeded the Plan's limit of five (5) days of temporary suspension; nor applied for, will receive or have received any similar benefit from any other employee group or organization related to an appeal of a temporary suspension, adjudication of a temporary suspension or related to receiving a temporary suspension.

Signed: _____ Date: _____

Printed Name: _____ SSN: (last 4 digits only) _____

Mailing Address: _____

(City) _____, TX. Zip code: _____

Telephone (home #) _____ (work #) _____

(cellular #) _____ (pager #) _____

E-mail Address _____

OFFICE USE ONLY:

Date temporary suspension letter rec'd: _____; Copy of temporary suspension letter: Yes / No

Number of working days last suspended _____ Date of last temporary suspension _____

Eligibility Verified By: _____ Date: _____

Amount \$ _____ Region _____ Capped for Calendar Year _____