



**Las Vegas Police Protective Association,
Civilian Employees, Inc.
1640 Alta Drive, Suite 11
Las Vegas, NV 89106
(702) 382-9121**

LVPPACE MEMBERSHIP BENEFITS

- Voting rights for the Contract, Officer Elections & Association Issues
- Representation in disciplinary matters related to performance or conduct (ie. IA investigations, CIRT reviews and Tactical Review Boards)
- Quarterly Membership Meetings held at various locations
- Installation / Member Appreciation Events (Free to Members)
- IUPA affiliation & Union Plus - Committed to improving the quality of life of working families through our unique products and services. www.unionplus.org
- Short Term Emergency Loans (up to \$1,000)
- Group Life Insurance of \$25,000 per member (pro-rated once by 50% at age 70 - never less than \$12,500)
- Flowers sent to members who are hospitalized. Flowers or a donation to a charity for the death of an "Immediate Family" member.
- Discount tickets to Knott's Berry Farm, Legoland, Magic Mountain, San Diego Zoo, Sea World, Universal Studios & Wild Animal Park. (Information to purchase found on Website only.)
- Annual Scholarships for Members & Dependents (10 - \$1,000 per year awarded)
- Discounted entry fee at Cowabunga Waterpark for you and up to 4 guests
- Discount at various car dealerships
- Movie premieres held at various local theaters . . . **AND MUCH MORE!!!!**



**CALL THE PPACE OFFICE AT 702-382-9121 OR
GO TO OUR WEBSITE AT PPACE.ORG TO JOIN!**

As a PPACE member, you ALWAYS have the right to contact the Association Office before/after work, while on break/lunch or with your Supervisor's permission without fear of repercussions. We are here to assist you with work place issues, questions regarding the Contract, Disciplinary issues, etc. YOU ARE ALWAYS WELCOME TO CONTACT US!!!



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LVPPACE Representation Benefits

As a Member of LVPPACE, we are here to represent you should you be involved as a complainant, witness or subject in any of the following investigations listed below. Members receive free representation, whereas non-members must pay significant (\$200/hr.) fees for this same representation.

Accident Review Board (ARB) – The Accident Review Board meets regularly and looks over situations where an employee was in an accident while driving a Department Vehicle. The event is investigated to determine if the employee was “at fault” for the accident occurring. Attendance to the hearing can be either mandatory or non-mandatory.

Critical Incident Review Team (CIRT) Investigations – CIRT investigations involve Communications CST's, CS I's or CS II's who receive a 311, 911 or radio call which turns into a use of force or officer involved shooting or any other critical incident (ie. In-custody death). CIRT investigations can also occur for employees who are weapons carriers that are involved in a use of force or shooting. When a use of force or critical incident occurs, CIRT will schedule interviews with all employees involved in the event. Metrocomm interviews will commonly take place at the Communications Bureau.

The employee's involvement in the event will be gone through in detail at this initial interview. In addition, any investigatory evidence that has been collected will also be reviewed. Any Departmental or Bureau level policies that are believed to have been violated will also be documented.

CIRT investigations will eventually go to the Use of Force/Tactical Review Board (UOF/TRB). The purpose of the UOF/TRB is to put our employees, processes, and policies under a close examination to determine if we could have handled an event better than we did. The goal is to constantly improve our employees, processes, and policies. Prior to the UOF/TRB, a review meeting will be scheduled for all employees involved in the event. This review meeting is done to give the primary CIRT detective an opportunity to perform a dry run of the presentation as well as for the employees to ensure nothing was missed or any errors provided from their statement during the initial interview. This meeting is normally within a week of the UOF/TRB.

The UOF/TRB will take place at HQ, Bldg B – Action Room. At the UOF/TRB will be several public civilians who do not work for LVMPD who will listen in on the UOF process and can offer their input. There will be peer employees and a member of Management from the same Bureau who can ask questions of the subject employee(s). Peer employees, their Chain, the Deputy Chief and Assistant Sheriff can ask questions of the civilian Subjects during the UOF/TRB. The UOF and TRB parts of the meeting and their findings are done separately. Employees who are under investigation and their representation will be asked to step out of the room while deliberation takes place. Employees will reconvene after deliberation and comments/feedback as well as the findings (validate/modify/overturn) will be rendered at this time.

Employment Diversity Investigations – Employment Diversity investigations deal with sexual harassment or the discrimination against a coworker based on one of the protected classes: race, age (age 40 and older only), color, religion/faith, sex, national origin or ancestry, disability, genetic information (GINA) or gender identity, citizenship and veteran status.

Internal Affairs (IAB) Investigations – The order in which employees are called for their investigations, depending on whether you are a Subject or Witness, is determined by IAB. Subject interviews are typically performed last. If you are the subject of an IAB investigation, after your interview concludes, the Detective assigned to the case may interview any witnesses or individuals involved in the case that you referenced in your interview. Once the interviews have completed, the case is reviewed, findings annotated by the IAB Sgt., IAB Lt. and finally the IAB Captain. Labor Relations is also consulted as needed on the findings. Please refer to the “Discipline” section on sustained dispositions and how these are handled.

Discipline – Depending on the outcome of a sustained complaint, you could be issued discipline ranging from a Supervisory Intervention (lowest) all the way up to a Major Discipline or recommended for Termination (highest) depending on what category your discipline falls under. Additional factors which fall under the mitigating or aggravating categories can lessen or increase the discipline as well. All of this is covered in the Disciplinary Matrix on the Labor Relations site on SharePoint. Below, the discipline will be explained:

Supervisory Intervention – This is equivalent to receiving a Contact Report and is not considered discipline but is included in this list as a possible outcome from a sustained case. While this is not considered discipline, multiple Contact Reports for the same issue could result in discipline.

Disciplinary Transfer – When this is used, Labor Relations is consulted to avoid conflicts with Department’s general right to make transfers, pursuant to our Collective Bargaining Agreement.

Written Reprimand – This is the lowest form of discipline which can result from a Statement of Complaint (SOC). The discipline will stay in your Labor Relations folder for 18 months. This discipline will not affect your opportunity to promote or transfer.

Minor Suspensions – Can range from 8-32 hours in 8-hour increments. This discipline will stay in your Labor Relations folder for 3 years. This discipline prevents you from promotions or transfers for the first 18 months. After 18 months, you can promote or transfer, but it will require approval from the Disciplinary Review Board.

Major Suspensions – Major suspensions are 40 hours. This discipline is kept in your Labor Relations folder for 5 years. This discipline prevents you from promotions or transfer for 36 months. After 36 months, you can promote or transfer, but it will require approval from the Disciplinary Review Board.

Demotion/Reduction In Grade – This form of discipline is only used when a reduction is appropriate and it does not transfer an irreconcilable problem to a different rank or grade. This is also considered a Major discipline.

Termination – A recommendation of Termination made by the chain-of-command must be approved through the Undersheriff before proceeding to a pre-termination hearing.



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Hello and thank you for your interest in becoming a Member of LVPPACE!

There is a long list of benefits that our Members can take advantage of from additional life insurance (\$25,000) to representation in any formal investigation to incredible deals with local and national businesses just to name a few!

New employees have 60 days to become a Member of LVPPACE. Per our By-Laws (Article 3.1):

*If joining outside initial employment (60 days window), **the employee must submit an application, and letter/memo stating why they wish to join.** These applications will be presented to the Board of Directors for approval by Quorum (By-Law 18). Any employee applying for Membership outside their initial employment may be denied if it has been determined the employee participated in any anti-association behavior, rhetoric or sentiments.*

A. Member: Those Members who are working in a full-time civilian employee position covered by the Collective Bargaining Agreement between this Association and LVMPD.

1. Member in Good Standing – Any Active Member who is not in arrear in the payment of their monthly dues to Association with the exception of By-Law 3.5, and who abides by the Association's rules shall be deemed to be a Member in good standing and eligible for all benefits with the right to attend Membership meetings.

2. Member in Bad Standing – Any Active Member who is not a “Member in good standing” and/or who commits or causes to be committed, any civil or criminal act which causes harm, injury, or damage to LVPPACE.

Please take a few moments to also familiarize yourself with Article 6.1 of our contract which is also listed within this Membership application packet. This Article goes over the dues deduction authorization and how to drop your Member status with LVPPACE.

Once we have received your application, letter/memo, this will be presented to our Board at the monthly meeting for review and acceptance. We look forward to welcoming you to LVPPACE!

Thank You,

LVPPACE

ARTICLE 6 - ASSOCIATION SECURITY

6.1 Dues Check Off. Employees covered herein may authorize payroll deductions for the purpose of paying Association dues. Upon signed authorization from the employee, on the approved Department form, the Department agrees to deduct bi-weekly from the wages of said employee. Such sums will be reflective of the current Association dues as approved by the membership. Each covered employee shall have the right to terminate such payroll deductions subject to the provision below.

The Department agrees not to honor any check-off authorizations or dues deduction authorizations executed by any employee in the bargaining unit in favor of any other labor organization or organization representing employees for purposes of negotiation for wages, hours, and working conditions, and other fringe benefits for its members.

Dues deduction authorization shall be irrevocable for a period of one (1) year beginning the date received in the Association office and automatically renewed each year thereafter. Authorization may be withdrawn by an employee from March 1st through March 20th to be effective first pay period in April. A completed payroll deduction form must be filled out completely, signed, dated and submitted to the LVPPACE office within this time frame, AND received in the Association office for signature PRIOR to cancellation. The Association will ensure any documents received during the drop period are forwarded to Payroll for processing.



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MEMBERSHIP APPLICATION FORM

[PLEASE PRINT]

P# _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Cell/Other _____

Date of Birth _____ Date of Hire _____ Circle One: M F

SS# _____ - _____ - _____ Personal Email _____

Facebook Account Name _____

Signature _____ Date _____

-
- Your dues payments may be tax deductible as a miscellaneous expense, but are NOT deductible as a charitable contribution.
 - LVPPACE dues can be stopped during the drop period (see Collective Bargaining Agreement, Article 6.1) after one full year from date of sign up.
 - This form **must be** accompanied by the Payroll Deduction Form & Beneficiary Designation Form (Both attached) if you are a new member.
 - As a new member, please complete all three (3) forms & return to the LVPPACE Association Office

Received By _____

Date _____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PAYROLL RECURRING DEDUCTION SHEET

EMPLOYEE NAME:	P#	DAYTIME CONTACT NUMBER:
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WAGE TYPE	DEDUCTION TYPE	DEDUCTION AMOUNT	START DATE	STOP DATE	
DUES CONTACT RESPECTIVE ASSOCIATION TO JOIN					

5009	Black Police Dues (24 pay periods)				May cancel at any time.
5010	NLPOA Dues (24 pay periods)				May cancel at any time.
5007	PMSA Dues (24 pay periods)				Contact PMSA to cancel.
5005	PPA Dues (24 pay periods)				Contact PPA to cancel if outside of Oct. 1 - Oct. 20.
5006	PPACE Dues (all pay periods)	\$21.43			Contact PPACE to cancel if outside of Mar. 1 - Mar. 20.
5008	SPA Dues (24 pay periods)				May cancel at any time.
N/A	CCDSA (26 pay periods)				May cancel during Mar. 1 - Mar. 20.

MISCELLANEOUS DEDUCTIONS					
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5200	Law Enforcement Assist Fund (LEAF) (24 pay periods)				One-time recurring
5415	National LEO Memorial Fund (all pay periods)				One-time recurring
5435	PMSA Foundation (24 pay periods)				One-time recurring
5400	United Way (26 pay periods)				One-time recurring

LOANS					
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					ORIGINAL LOAN AMOUNT
5411	Employee Reimbursement		Reason:		
5223	BPA loan (all pay periods)				
5220	PPACE Assoc. loan (all pay periods)				
5210	SPA loan (24 pay periods)				
5410	Purchase retirement (24 pay periods)	CONTACT PERS TO INITIATE PURCHASE. MAY CANCEL AT ANY TIME.			
5413	Purchase retirement 2 (24 pay periods)				

EMPLOYEE SIGNATURE AND P#
 (SIGN NAME AS IT APPEARS ON PAYCHECK)

DATE

REPRESENTATIVE SIGNATURE

DATE

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) - the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) - the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.
- Unless otherwise indicated in Section 2, the information supplied on the form will apply to all the Group Life coverage(s) issued by The Prudential Insurance Company of America to the group contract holder.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, telephone number, social security number, relationship and Date of Birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"

- Select "Corporation/Organization" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- Include the address, city and state, telephone number and tax ID number of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.



Group Insurance Beneficiary Designation/Change

DATE: ____ / ____ / ____

1. EMPLOYEE INFORMATION (please print)

Last Name		First Name		MI	Employee ID# (if applicable)		Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Has this insurance been assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City		State	ZIP Code	Daytime Phone	Home Phone	Date of Birth	Date of Hire	Date of Retirement (if applicable)	
Name of Employer/Group Policyholder				Group Policy No.		Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan. This form applies only to <input type="checkbox"/> Basic Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Optional Term Life <input type="checkbox"/> Optional AD&D <input type="checkbox"/> GUL <input type="checkbox"/> GVUL coverage(s).					

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

A. Primary Beneficiaries

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
Individual <input type="checkbox"/> Other <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

B. Contingent Beneficiaries

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

3. TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2

Trustee's Name (First, MI, Last)	Address (include city, state, ZIP)

And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee.
Title of Agreement Date of Agreement



Group Insurance Beneficiary Designation/Change

4. **AUTHORIZATION/SIGNATURE** I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

Employee's Signature X

Date Signed _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

Group Life coverage(s) are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance is distributed by Prudential Investment Management Services LLC, 655 Broad Street, 19TH Floor, Newark, NJ 07102, a registered broker/dealer and a Prudential Financial company. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. Contract provisions may vary by state. Contract series: 83500 (Term Life), 89579 (Group Variable Universal Life), 96945 (Group Universal Life).

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COST OF REPRESENTATION FOR NON-MEMBERS IN THE BARGAINING UNIT

Delegate Representation: \$ 200.00/hr. (2 hour minimum)

Delegate representation consists of IAB Interviews, CIRT/TRB Process, Performance Appraisal Reviews, Pre-Discipline Meetings, Grievance Hearings, Non-Confirmation Hearings, Pre-Termination Hearings and Arbitrations.

Other costs as accrued:

Legal:

Outside Counsel: \$400.00/hr.

Paralegal: \$200.00/hr.

Secretarial: \$ 85.00/hr.

Other costs as accrued:

All costs and expenses of the arbitration are to be borne by the non-member. This amount must be paid prior to the Association beginning its representation. The average costs and expenses for the Association's half of an Arbitrator for an arbitration hearing is \$2,500.00. If the Arbitrator's fees are more than estimated, the non-member is required to pay that amount once the Arbitrator's invoice is received. This does not include Legal Representation Fees or expert witness fees. Legal Representation Fees average \$10,000.00. The non-member must pay advance legal fees of \$3,000.00 before Legal Representation will commence.

The Association has decided the following minimum prepaid fees must be paid for the following services:

Delegate Representation: \$ 200.00/hr. (2 hour minimum)

Arbitration Fees: \$3,000.00

Costs: \$2,500.00

Revised 04/27/2022



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New Hire Meeting Checklist

- ☐ Welcome to Metro & PPACE
- ☐ Explain the Department Education Incentive
- ☐ Explain Holiday Compensation (Pay vs Time)
- ☐ Explain the Benefits of PPACE Membership
 - Explain the Cost of Representation for Non-Members
 - Explain CBA Article 6 – Ref Dropping Dues
 - Explain By-Law Article 3.1 (Joining Outside Initial Employment)
 - Point out & explain the last paragraph on the benefits sheet
 - Discuss the PPACE App/Web Page
- ☐ Explain opportunities on the Department
- ☐ Run copies as needed for documentation
- ☐ Introduce to Staff if available

Congratulations!!

New Hire Signature

PPACE Office Staff

Date: _____