LegalShield® IDShield

"Justice For All"

Group Rate

EMPLOYEE BENEFIT
membership application

Pre-Paid Legal Services®, Inc., and subsidiaries
Corporate Offices:
P.O. Box 145 • Ada, OK 74821-0145

~~*A $10 non-refundable fee is required for individual enrollments.*~~

Pre-Paid Legal Services, Inc., Associate Use Only

CHECK ONE
- ❑ Pre-Paid Legal Services®, Inc.
- ☒ Pre-Paid Legal Casualty™, Inc.
- ❑ Pre-Paid Legal Services of Tennessee, Inc.
- ❑ Pre-Paid Legal Services, Inc. of Florida
- ❑ National Pre-Paid Legal Services of Mississippi, Inc.
- ❑ Legal Service Plans of Virginia, Inc.
- ❑ Ohio Access to Justice, Inc.

administered by Pre-Paid Legal Services®, Inc.

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

CHECK ALL THAT APPLY*
- ❑ Standard Plan ❑ Expanded Plan
- ❑ Commercial Drivers Legal Plan ($25 Enrollent Fee)
- ❑ Law Officers Legal Plan ❑ Exp. Law Officers Legal Plan
- ❑ Home-Based Business Plan (1st time enrollee)
- ❑ HBB Rider only (must be same payment method as Expanded Plan)
- ❑ Legal Shield ❑ Other* _____

*Some plans may not be available in certain states.

IR ❑

member information

Please print.

Today's Date ____ / ____ / ____ (Month / Day / Year)

Time of Day _____ A.M. / P.M. (Circle One)

SSN # X X X - X X - _____

For internal use only by PPLSI. Our privacy policy is available upon request.

Name — Last _____

First _____ MI _____

Mailing Address — Apt. / Ste.# _____

Street Address _____

City _____

State _____ ZIP + 4 _____

Primary Member's Date of Birth ____ / ____ / ____ (Month / Day / Year)

Spouse — Last _____

First _____ MI _____

Work Phone ___ - ___ - ___ Ext. ___

Home Phone ___ - ___ - ___

Email Address _____

❑ *I do not wish to receive email updates from PPLSI about my membership. (Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)*

Associate Use Only

Assigned Associate Number _____

Associate Name _____

Associate SSN Number (If Licensed) _____

Associate License Number (In Florida) _____

Business Phone _____

Signature of Associate X _____

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the membership contract.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application I certify I am legally residing in the United States of America.

Signature of Applicant X _____

Dependents

Last / First / MI	Date of Birth

Employer _____

Occupation _____

payroll deduction authorization

I hereby authorize my employer _____ City _____ State _____ to deduct $_____ per _____ from my earnings for my Pre-Paid Legal Services®, Inc., and subsidiaries membership and to remit such amount directly to Pre-Paid. I agree that my employer will not be responsible or liable for my decision to purchase the Pre-Paid membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to Pre-Paid.

Print name _____ SSN XXX-XX-XXXX

Date _____ Applicant signature: X _____

❑ Individual ❑ Family

❑ IDShield

❑ LegalShield

❑ Both

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