"Justice For All"

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.

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* Identity Theft Shield

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

*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 # ___ - ___ - ____

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
_____ Last / First / MI — ___ / ___ / ____ Date of Birth
_____ Last / First / MI — ___ / ___ / ____ Date of Birth

Employer _____

Occupation _____

payroll deduction authorization

I hereby authorize my employer_____ City _____ State _____ to deduct $_____ per month 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 _____

Date _____ **Applicant signature:** X _____

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