

- 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.

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MODE	
PLAN	
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GR#	



EMPLOYEE BENEFIT GROUP RATE
membership application

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

CHOOSE YOUR PLAN

- | | | |
|---|---|---|
| LEGAL PLAN | IDSHIELD | LEGAL & IDSHIELD COMBO |
| <input type="checkbox"/> INDIVIDUAL \$16.95/month | <input type="checkbox"/> INDIVIDUAL \$ 8.95/month | <input type="checkbox"/> INDIVIDUAL \$25.90/month |
| <input type="checkbox"/> FAMILY \$18.95/month | <input type="checkbox"/> FAMILY \$18.95/month | <input type="checkbox"/> FAMILY \$33.90/month |

member information

Please print.

Today's Date / /

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

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 / /

Spouse Last _____
 First _____ MI _____

Work Phone - - Ext.

Home Phone - -

Email Address _____
 (required to secure Identity Theft coverage)

Associate Use Only

Assigned Associate Number _____
 Associate Name _____
 Associate SSN Number (If Licensed) _____
 Associate License Number (In Florida) _____
 Business Phone _____
 Signature of Associate

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

Dependents

_____	_____/_____/_____
Last / First / MI	Date of Birth
_____	_____/_____/_____
Last / First / MI	Date of Birth
_____	_____/_____/_____
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:**