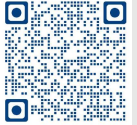


Have You Ever:

- Wanted to know your legal rights?
- Needed your Will or medical directive prepared or updated?
- Received a moving traffic violation?
- Signed any type of contract?
- Been in a frustrating consumer dispute?
- Been a victim of a data breach?
- Been concerned about security when using public Wi-Fi?
- Been afraid of having your or your family's identity stolen?
- Had unauthorized withdrawals from your bank account or credit cards?
- Had your social media accounts hacked?



LegalShield | Top LegalShield Benefits

Access to a Provider Law Firm for legal advice and consultation on any personal legal matter, even pre-existing ones.

Estate Planning Preparation — Will, Medical Directives, Financial and/or Healthcare Power of Attorney.

Moving Traffic Ticket Assistance with non-criminal, moving traffic matters when driving with a license and proper registration.

Document Review — Your provider law firm reviews personal documents (up to 15 pages each).

Letters And Phone Calls made on your behalf to help resolve consumer legal disputes.

Uncontested Family Law — Divorce, separation, adoption and/or name change.

Discounted Legal Services — For legal matters that are not covered at 100%, get a 25% discount on the provider law firm's standard rate.

IDShield | Top IDShield Benefits

360 Degree Protection — Threat monitoring of your identity, credit, financial accounts, device, online reputation and social media.

Real-time Alerts — Receive an alert on your mobile app, member portal and email when a threat is detected to your identity or credit.

Financial Protection — \$3 Million Identity Fraud Protection for unauthorized electronic fund transfers and identity theft-related expenses.

Full-Service Restoration — In case of theft, you get a licensed private investigator to restore your identity to its pre-theft status.

Unlimited Consultation gives you access to an identity theft specialist for consultation on any identity theft or online privacy concern.

Trend Micro/Malware Protection & VPN — Maximum malware protection for your PCs and mobile devices. Complete Wi-Fi security when using public hotspots to prevent hacking attacks.

Your Payroll Deduction (Per Pay Period)

Individual Plan

\$ 9.48
LegalShield Plan
\$ 6.48
IDShield Plan
\$15.95
Dual Plan

Family Plan

\$ 9.48
LegalShield Plan
\$11.48
IDShield Plan
\$19.45
Dual Plan

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan..

US_NT_LS+IDS_PlanSummary_V2_062023

FOR MORE INFORMATION, CONTACT YOUR INDEPENDENT ASSOCIATE OR VISIT:

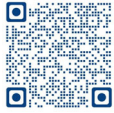
Lakeysha Brown
888.284.2237 t/f
803.960.5083 mobile
lakeyshabrown@legalshieldassociate.com

Enrollment sites:

Payroll: <https://www.shieldbenefits.com/fayettecps>

Direct Pay: <https://www.shieldbenefits.com/fcpschools>

Effective Date: ___/___/___



Enroll on-line <https://www.shieldbenefits.com/fayetecps>
or Fax completed application to 888.284.2237



Plan	Individual	Family
LegalShield	\$ 9.48 per pay period	\$ 9.48 per pay period
IDShield	\$ 6.48 per pay period	\$11.48 per pay period
Dual Plan	\$15.95 per pay period	\$19.45 per pay period

EMPLOYEE BENEFIT MEMBERSHIP APPLICATION

member information

Please print.

Today's Date / /

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

Last 4 of 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 _____ **Spouse D.O.B.** _____
First _____ MI _____

Work Phone - - Ext.

Home/Cell Phone - -

Personal Email Address **EMAIL:** _____
Provide your personal email address to receive a digital membership kit. Email address required for identity theft members. LegalShield will not sell your email address or personal information of any kind to third party vendors.

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.

SELECT ONE Per Pay Period ()

- Individual Plans**
 Legal
 IDShield Indv
 Legal & IDShield Indv
- Family Plans**
 Legal
 IDShield Fam
 Legal & IDShield Fam

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 LegalShield 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 pay period from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. I agree that my employer will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to LegalShield.

Print name _____ **SSN** XXX-XX-____ **Employee #** _____

Date _____ **Applicant signature:** **X** _____