

Effective Date: ___/___/___

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 \$

EMPLOYEE BENEFIT MEMBERSHIP APPLICATION

A \$10 non-refundable fee is waived due to your employer offering this at work.

member information

Please print.

Today's Date / /

Month Day Year

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

Last 4 of SSN # --

For internal use only by PPLST. 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/Cell Phone - -

Personal Email Address _____

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.

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-~~ _____

Date _____ Applicant signature: **X** _____