



GLENCOE SILVER LAKE



# Employee Enrollment Form

Pre-Paid Legal Services, Inc. and Subsidiaries  
Corporate Offices:  
PO Box 145 Ada, OK 74821-0145

## Choose One Option:

(pricing based on 24 pay periods)

### Single Plan Options:

- IDShield Only **\$4.48**
- Legal Only **\$9.48**
- Both Legal + IDShield **\$13.95**

### Family Plan Options:

- IDShield Only **\$9.48**
- Legal Only **\$9.48**
- Both Legal + IDShield **\$16.45**

I CHOOSE TO DECLINE COVERAGE

## Participant Information

Today's Date \_\_\_/\_\_\_/\_\_\_\_\_

SSN# XXX-XX-\_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Spouse/Domestic Partner Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

## Payroll Deduction Authorization

I hereby authorize my employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ to deduct \$ \_\_\_\_\_ from my earnings per pay period for my Pre-Paid Legal Services Inc. and subsidiaries membership and 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-\_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature X \_\_\_\_\_

### Associate Use Only

Associate Number 126783588

Associate Name RACHAEL LAWATON

Business Phone 651-353-6568

Signature of Associate X Rachael Lawton

### Dependents:

_____	_____/_____/_____
Last, First	Date of Birth
_____	_____/_____/_____
Last, First	Date of Birth
_____	_____/_____/_____
Last, First	Date of Birth
_____	_____/_____/_____
Last, First	Date of Birth
_____	_____/_____/_____
Last, First	Date of Birth

### Signature of Applicant 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 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.