LegalShield | IDShield

Employee Enrollment Form

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

Choose Your Options:

Single Plan Options (Weekly 48):
- ☐ Legal Only $5.49
- ☐ IDShield Only $3.24
- ☐ Both Legal + IDShield $8.73

Family Plan Options (Weekly 48):
- ☐ Legal Only $5.49
- ☐ IDShield Only $5.74
- ☐ Both Legal & IDShield $10.48

Other Options (Weekly 48):
- ☐ Commercial Drivers Legal Plan $7.49
- ☐ Business/Gun/Rideshare/Trial Defense $3.74

Legal Supplements (circle your choice(s)):

☐ **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 ____/____/_____

Associate Use Only

Associate Number _____

Associate Name _____

Business Phone _____

Signature of Associate X_____

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.

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_____