PPLSI

EMPLOYEE BENEFIT
membership application

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

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.

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

member information

Circle Supplement(s) to Add: +$7.48 each Gun Owners Home Business Ride/Delivery Trial Defense

Today's Date ___ / ___ / ____ (Month / Day / Year)

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

SSN # XXX - XX - ____

For internal use only by PPLSI.
Our privacy policy is available upon request.

Circle Desired

IDShield: Individual	$6.48-1B | $8.48-3B
IDShield: Family	$11.48-1B | $15.98-3B
Legal Plan: Individual	$10.98
Legal Plan: Family	$10.98
Legal Plan+IDS: Individual	$17.45-1B | $19.45-3B
Legal Plan+IDS: Family	$20.95-1B | $25.45-3B

1B-1 Bureau | 3B-3 Bureau

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 Phone ___ - ___ - ____

Email Address _____

❑ *I do not wish to receive email updates from PPLSI about my membership. (Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)*

Associate Use Only

Assigned Associate Number 127026441
Associate Name Sandra Lollino
Associate SSN Number (If Licensed) _____
Associate License Number (In Florida) _____
Business Phone (310) 926-0262
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 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 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 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 XXX-XX-____

Date _____ Applicant signature: X _____