

Enrollment Information

Benefit Effective Date _____ Scheduled Enrollment Date(s) _____

Enrollment Type Payroll Deduction Fringe / Employer Paid Self-Payment
 Partial Fringe - Employer pays for: _____

Enrollment Method LegalShield Paper Applications LegalShield Secure Enrollment Website
 Secure File Transfer: Contact Name _____ Phone _____
Email _____

Payroll Cycle(s) (Select all that apply) Monthly (12 pay periods) 1st Deduction Date _____
 Weekly (52 pay periods) 1st Deduction Date _____
 Bi-weekly (26 pay periods) 1st Deduction Date _____
 Semi-monthly (24 pay periods) 1st Deduction Date _____
 Other: _____

Enrollment Frequency Evergreen, enroll anytime throughout the year Open enrollment or qualifying event only

Enrollment Effective Dates Immediate First of the following month Other

Cancel Option Immediate First of the following month Open enrollment or qualifying event only

Cancel Instructions _____

Broker / PEO / TPA Information (if applicable)

Company Type Broker TPA PEO
Company Name _____ Contact Name _____
Phone _____ Ext _____ Fax _____
Email _____

LegalShield Servicing Information

LegalShield Servicing Agent _____ Agent # _____

Company Authorization

I want the amendment added to the member contract for employment related matters.

By signing this form, I represent that I have the authority to allow a LegalShield representative to introduce LegalShield products to all company employees.

Authorizing Officer Signature _____ Date _____

Declaration

LegalShield highly values their independent sales associates as well as their partners in the broker community. While independent sales associates, like myself, have valuable and direct relationships with LegalShield customers, it is very important for us not to disrupt any current relationship with your broker. By signing this declaration, you have confirmed your preference to work with me on the LegalShield program directly and further agree I have not made representations that suggest my offer, including financial terms, or capabilities are superior to those offered by any broker. I am confident that your organization will be pleased with the LegalShield offerings, my advisory and support services.

It is important for me to also disclose, as an independent representative for LegalShield, I will receive commissions for my representation and services accordingly. At your decision, commissions can be assigned to a broker of your choice before the program is implemented or the commission decision can also be revised after the program kickoff to a commission share with a broker of your choice.

Thank you for choosing to work with me to provide this valuable benefit to your employees.

By signing below, I agree to the above declaration.

Please note the above does not apply, and I will be engaging with the following broker:

Authorizing Officer Signature _____ **Date** _____

SERVICING ASSOCIATE USE ONLY

Group Name _____ Group # _____ Business Code _____

Payment Earnings (All full fringe accounts are placed on a 3-year payment earnings.)

See Below

ERISA Plans (Please ensure all ERISA paperwork has been submitted to Corporate and approved prior to enrollments.)

Associate Information

Servicing Associate Name _____ Associate Number _____

Authorized Associate Name _____ Associate Number _____

Authorized Associate Name _____ Associate Number _____

Authorized Associate Name _____ Associate Number _____

Field Trainer Name _____ Field Trainer Associate Number _____

Producer ID _____ Producer Associate Number _____

(Producer ID must be setup by LegalShield before using. Producer ID must be listed on paper applications.)

Name of finder to be paid _____ Finder Fee Code _____

(FF Code must be created and attached before enrollments are processed.)

Commission Share (Required for electronic enrollment file and website enrollment groups. Leave state field blank to represent all states.)

Associate Name _____ Associate # _____ receives 100% of the commissions.

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Please review the Commission Share Guidelines before submitting a commission share. Percentages must be whole percentages totaling 100%. An associate in the commission share must be listed on the paper applications. For licensed states, the licensed associate must retain at least 50% and be listed on the paper applications. In MA and MS, all associates must be licensed. If submitting for multiple states, you may attach the Commission Share Agreement form.

Comments _____

Servicing Agent Signature _____ Date _____

By signing this form, I agree the information listed is correct.

Group Business Codes

A Auto Related CarDealerships, Repair Shop & Detail Shop	J CDLP & Family CDLP & Family Plans Only	T City Government City, Town, Village	DD Native American Tribes, Bands, Nations	CM Chambers of Commerce
B Financial Institutions Banks, Credit Unions, Mortgage Co.	K Employee Leasing Co. Staff Leasing, Temporary Employment, PEO®	U Energy/Utility Utility, Electric, Gas, Phone, Water	EE Transportation Transit Authority, Bus Company, Railroad	CS Convenience Store/Gas Station
C Sales/Marketing Retail Shops	L College/University	V Casino/Hotel	FF Farm/Agriculture	CA Collection Agency
D Doctors Doctor, Dentist, Medical Office, EMS, Nurse	M Manufacturing/Industrial	W Military Related National Guard, Armed Forces	GG Insurance Related Agency	EI Entertainment Industry Theme Parks, Zoos, Museum, Cinema, Video Store
E CDLP (Truck Drivers Plan Only)	N Miscellaneous Anything not in specific category	X Restaurant Restaurant, Deli, Bakery, Catering	HH High Tech Aerospace, Technology, Engineering	MM Maid/Cleaning Service
F Firefighters Fire Stations	O State Government State Accounts	Y County Government County, Parish	II Internet Computer Related	PI Security Private Investigators
G Special Help Groups Red Cross, United Way, Salvation Army, YMCA, Goodwill	P Police Departments Police, Sheriff Departments, Prisons	Z Real Estate Real Estate Companies	KK Health Related Fitness Center, Nutrition Center, Drug Store, Health Spa	LL Landscaping Lawn Care
H Hospital Hospital, Health Systems	Q Nursing Home Nursing Home, Home Health, Assisted Living, Hospice	AA Airline/Aviation	AS Associations	VV Veterinary Veterinarians, Animal Hospitals
I Trust Trust Groups Only	R Service Company Funeral, Locksmith, Travel, Dry Cleaners	BB Building/Construction Concrete, Steel, Painting, Lumber	DC Day Care Preschool, Early Child Learning Centers	GS Grocery Store
	S Schools Public, Private, Christian	CC Communications TV, Radio, Newspaper, Advertising	UU Unions	HA Housing Authority
			CH Churches	WW Warehouse Distributors, Imports, Wholesalers
				OC Oil Field/Chemical
				EC Environmental/Recycling

*** LegalShield Corporate Office requires a minimum of 5 business days to process new groups. All pages can be submitted for pre-approval up to 60 days prior to enrollment. ***