



Pre-Paid Legal Services, Inc., Associate Use Only

Office Use Only



MEMBERSHIP BENEFIT membership application

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

- 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.

- CHECK ALL THAT APPLY* [] Standard Plan [] Expanded Plan [] Commercial Drivers Legal Plan (\$25 Enrollment Fee) [] Law Officers Legal Plan [] Exp. Law Officers Legal Plan [] Home-Based Business Plan (1st time enrollee) [] HBB Rider only (must be same payment method as Expanded Plan) [] Legal Shield [] Other*

Table with 2 columns: Label (CWA, FOB, MODE, PLAN, FRAN, GR#) and Value

*Some plans may not be available in certain states.

IR []

member information

Print only

Form fields for Today's Date, Time of Day, SSN #, Name, Mailing Address, Member Date of Birth, Spouse, Work Phone, Home Phone, Email Address

Associate Use Only box containing fields for Associate Number, Name, SSN, License, Business Phone, and Signature

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.

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, Dependents (Last/First/MI, Date of Birth), Employer, Occupation

payroll deduction authorization

I hereby authorize my employer _____ City _____ State _____ to deduct \$ _____ from my earnings for my Pre-Paid Legal Services®, Inc., and subsidiaries membership.

Print name _____ SSN _____ Date _____ Applicant signature: [X]