



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.*

- 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\* \_\_\_\_\_

## Office Use Only

CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

\*Some plans may not be available in certain states.

IR

## member information

Please print.

**Today's Date**  /  /

Month / Day / Year

**Time of Day** \_\_\_\_\_ A.M. (Circle One)  
P.M.

**SSN #**  -  -

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

**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 \_\_\_\_\_

Associate Name \_\_\_\_\_

Associate SSN Number (if Licensed) \_\_\_\_\_

Associate License Number (In Florida) \_\_\_\_\_

Business Phone \_\_\_\_\_

Signature of Associate

**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**

**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 month 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.

Return to:



P. O. Box 726  
Destin, FL 32540

Print name \_\_\_\_\_ SSN \_\_\_\_\_

Date \_\_\_\_\_ Applicant signature:

