



EMPLOYEE
BENEFIT
membership
application

Pre-Paid Legal Services®, Inc., and subsidiaries
Corporate Offices:

P.O. Box 145 • Ada, OK 74821-0145

A \$10 non-refundable fee is required for individual enrollments.

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* _____

*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. P.M. (Circle One)

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.)

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.

Print name _____ SSN _____

Ind-Legal Fam-Legal

Date _____ Applicant signature: X

Ind-IDShield Fam-IDShield

Ind-Both Fam-Both

Office Use Only
CWA
FOB
MODE
PLAN
FRAN
GR#