Pre-Paid Legal Services, Inc., Associate Use Only Office Use Only CHECK ONE Pre-Paid Legal Services[®], Inc. **CWA** \square Pre-Paid Legal CasualtyTM, Inc. FOB **LegalShield** ☐ Pre-Paid Legal Services of Tennessee, Inc. MODE ☐ Pre-Paid Legal Services, Inc. of Florida ☐ National Pre-Paid Legal Services of Mississippi, Inc. **PLAN** ☐ Legal Service Plans of Virginia, Inc. **FRAN** ☐ Ohio Access to Justice, Inc. GR# administered by Pre-Paid Legal Services®, Inc. CHECK ALL THAT APPLY* ☐ Standard Plan ☐ Expanded Plan *Some plans may ☐ Commercial Drivers Legal Plan (\$25 Enrollent Fee) not be available in Pre-Paid Legal Services®, Inc., and subsidiaries ☐ Law Officers Legal Plan ☐ Exp. Law Officers Legal Plan certain states. Corporate Offices: ☐ Home-Based Business Plan (1st time enrollee) P.O. Box 145 • Ada, OK 74821-0145 ☐ HBB Rider only (must be same payment method as Expanded Plan) IR 🗖 ☐ Legal Shield ☐ Other* A \$10 non-refundable fee is required for individual enrollments. <u>~</u> Assigned Associate Number Today's Date Associate Name _ A.M.Associate SSN Number (If Licensed) Time of Day (Circle One) PMAssociate License Number (In Florida) SSN# Business Phone For internal use only by PPLSI. Our privacy policy is available upon request. Signature of Associate X Name Last 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 First 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 Mailing 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, Address understandings, warranties or representations other than as set forth herein and in the membership contract. City 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. State I hereby acknowledge that on this date, I purchased this plan in the city of Primary Member's in the state of . By signing this application Date of Birth I certify I am legally residing in the United States of America. Spouse Signature of Applican First Dependents Last / First / MI Date of Birth Work Phone Last / First / MI Date of Birth Home Phone Last / First / MI **Email Address Employer** ☐ I do not wish to receive email undates from PPLSI about my membershin. (Your privacy is a priority with us! PPLSI will not sell your email address Occupation or personal information of any kind to third party vendors.) l deduction authorization I hereby authorize my employer City. State to deduct \$ 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

Please choose one of the following:

) Legal & IDShield (discount)

←) Legal Only
() IDShield

Date

Applicant signature