

Office Use Only	
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FOB	
MODE	
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EMPLOYEE BENEFIT membership application

LegalShield
Corporate Offices:
P.O. Box 145 • Ada, OK 74821-0145
\$10 Enrollment Fee Waived for Group Membership



City of West Hollywood
California 1984

Bi-Monthly

CHECK ALL THAT APPLY*	Individual	Family
LegalPlan Only	<input type="checkbox"/> \$7.98	<input type="checkbox"/> \$7.98
ID Theft Only	<input type="checkbox"/> \$4.48	<input type="checkbox"/> \$9.48
Combo (Legal + ID Theft)	<input type="checkbox"/> \$12.45	<input type="checkbox"/> \$15.45

GR# 32503

*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: _____
 EMAIL REQUIRED

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 CALIFORNIA. 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: CITY OF WEST HOLLYWOOD

Occupation: _____

payroll deduction authorization

I hereby authorize my employer CITY OF WEST HOLLYWOOD City WEST HOLLYWOOD State CA to deduct \$ _____ per pay from my earnings for my LegalShield®, Inc., and subsidiaries membership and to remit such amount directly to Pre-Paid Legal. I agree that my employer will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to LegalShield/Pre-Paid Legal Services Inc.

Print name _____ SSN _____

Date _____ Applicant signature: