

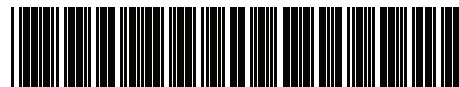


PRE-PAID LEGAL SERVICES, INC., AND SUBSIDIARIES

EMPLOYEE  
BENEFIT

# MEMBERSHIP APPLICATION

Corporate Offices: One Pre-Paid Way • Ada, OK 74820 • www.prepaidlegal.com



## Subsidiaries list CHECK ONE:

- ☐ Pre-Paid Legal Services, Inc.  
☐ Pre-Paid Legal Casualty, Inc.  
☐ Pre-Paid Legal Services, Inc. of Florida  
☐ Legal Service Plans of Virginia, Inc.

## OFFICE USE ONLY

CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

☐ MAS

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Day \_\_\_\_ A.M. \_\_\_\_ P.M.  
If you choose the bank draft option, your account will be drafted on or about the above date each month.

## personal information

The information you provide on this application is considered non-public information, and Pre-Paid Legal takes care to protect your information.

Applicant's SSN  
*For internal use only by PPLSI. Our privacy policy is available upon request.*

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr.

Applicant's Last Name

(First Name)

Middle Initial \_\_\_\_

\* Spouse's Last Name

(\*Spouse includes Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, state or federal statute.)

(First Name)

Middle Initial \_\_\_\_

Apt. # / Ste #

Mailing Address  
*(COMPLETE ADDRESS; NO ABBREVIATIONS PLEASE)*

City

State

ZIP + 4

Cell # ( )

Business Phone

( )

Ext.

Home Phone ( )

Email Address

(Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)

Please print in **ALL CAPITAL** letters. Use **ONLY BLUE** or **BLACK INK**. FAILURE TO PRINT LEGIBLY can cause DELAYS IN PROCESSING YOUR APPLICATION.

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## associates only

Assigned Associate Number

Associate Last Name

First Name

Middle Initial \_\_\_\_

Associate SSN Number (If Licensed)

Associate Lic. Number (In Florida)

Business Phone

( )

Ext.

Signature of Associate **X**

## dependent information

Last Name, First	_____	Middle Initial	_____	DOB	____/____/____
Last Name, First	_____	Middle Initial	_____	DOB	____/____/____
Last Name, First	_____	Middle Initial	_____	DOB	____/____/____
Last Name, First	_____	Middle Initial	_____	DOB	____/____/____
Last Name, First	_____	Middle Initial	_____	DOB	____/____/____
Last Name, First	_____	Middle Initial	_____	DOB	____/____/____
Last Name, First	_____	Middle Initial	_____	DOB	____/____/____

**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.

*In NJ, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.*

*In TN, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.*

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 **X** \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

## payroll deduction authorization

I hereby authorize (Company Name) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ to deduct \$ \_\_\_\_\_ . \_\_\_\_\_  
per (Circle one: week / month / other \_\_\_\_\_) 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 the company will not be responsible or liable for my decision to purchase the Pre-Paid membership or the services provided through my membership and that company's sole responsibility is to withhold and pay my membership fee to Pre-Paid.

Applicant's Last Name \_\_\_\_\_

(First Name) \_\_\_\_\_ Middle Initial \_\_\_\_\_

Applicant's SSN \_\_\_\_\_

Todays Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant **X** \_\_\_\_\_

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