



# enrollment form

LegalShield Corporate Offices: One Pre-Paid Way • Ada, OK 74820

**Please Select One- Monthly**

IDShield Single Plan **\$10.95**

LegalShield Plan **\$18.95**

Combination Single Plans **\$29.90**

IDShield FAMILY Plan **\$20.95**

LegalShield FAMILY Plan **\$18.95**

Combination FAMILY Plans **\$39.90**

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	139515

**Please print.**

## participant information

I CHOOSE TO DECLINE COVERAGE

**Today's Date**  /  /

Month      Day      Year

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

**SSN #**    -   -

**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**    -    -

**Cell Phone**    -    -

**Email Address** \_\_\_\_\_

**Associate Use Only**

Assigned Associate Number 126783588

Associate Name RACHAEL A JOHANNSEN/LAWTON

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

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

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

Associate Signature **X** Rachael Lawton

**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 LegalShield 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.**

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

**Dependents** \_\_\_\_\_ / /

Last / First / MI Date of Birth

\_\_\_\_\_ / /

Last / First / MI Date of Birth

\_\_\_\_\_ / /

Last / First / MI Date of Birth

**Occupation** \_\_\_\_\_

**Company** PIPESTONE AREA SCHOOL DISTRICT #2689

## deduction authorization

I hereby authorize PIPESTONE AREA SCHOOL DISTRICT #2689 City PIPESTONE State MN to deduct \$ \_\_\_\_\_ per pay period from my earnings for my LegalShield membership and to remit such amount directly to Pre-Paid Legal. I agree that the Company will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that the Company's sole responsibility is to withhold and pay my membership fee to LegalShield.

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

Date \_\_\_\_\_ Applicant signature **X** \_\_\_\_\_

**CONFIDENTIAL**