



Brought to you by: LegalShield

LegalShield Corporate Offices: P.O. Box 145 • Ada, OK 74821-0145

Services provided by: Kroll



- ☐ \$9.57 per pay Standard Legal Plan
- ☐ \$5.37 per pay IDShield Individual
- ☐ \$11.37 per pay IDShield Family
- ☐ \$14.94 per pay Combo legal and IDShield Individual
- ☐ \$18.54 per pay Combo Legal and IDShield family

OFFICE USE ONLY	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

## Membership Application

### Member Information

Please print.

Today's Date

Month	Day	Year
-------	-----	------

SSN #

XXX	-	XX	-				
-----	---	----	---	--	--	--	--

For internal use only by LegalShield. Our privacy policy is available upon request.

Name

Last \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address

Apt. / Ste.# \_\_\_\_\_

Street Address \_\_\_\_\_

PLEASE PROVIDE COMPLETE ADDRESS WITHOUT ABBREVIATIONS

City \_\_\_\_\_

State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

Member's Date of Birth

Month	Day	Year
-------	-----	------

Spouse/ Partner

Last \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_

Work Phone

			-				-				Ext.			
--	--	--	---	--	--	--	---	--	--	--	------	--	--	--

Home Phone

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Associate Use Only

Assigned Associate Number \_\_\_\_\_

Associate Name \_\_\_\_\_

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

Signature of Associate **X** \_\_\_\_\_

\*Dependents

Last / First / MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last / First / MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last / First / MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address

- ☐ I do not wish to receive email updates from LegalShield about my membership. (Your privacy is a priority with us! LegalShield will not sell your email address or personal information of any kind to third party vendors.)

**Applicant:** I understand that the Identity Theft Shield Membership Guide 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 Membership Guide will be mailed to me at the address noted herein within the next fourteen days. If I have not received my Membership Guide within that time frame, I understand that it is my responsibility to call the LegalShield Home Office at 1-888-494-8519 to obtain a copy. The Membership Guide, 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 Guide.

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

### Payroll Deduction Authorization

Today's Date

MM / DD / YYYY

Applicant SSN Last four only

For Internal Use Only

Applicant's Name

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

CITY

STATE

to deduct

\$ 

--	--	--	--

per \_\_\_\_ deductions per year (deduct this amount \_\_\_\_\_) from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. 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 company's sole responsibility is to withhold and pay my membership fee to LegalShield.

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

I understand that I have been offered the legal rights protection plan and the ID theft protection plan and I am choosing to **opt out** of the coverage. (Please Initial) \_\_\_\_\_