membership application

Pre-Paid Legal Services, Inc., and subsidiaries
Corporate Offices: One Pre-Paid Way • Ada, OK 74820

PLEASE SELECT ONE

- ❑ Comprehensive Group Legal Plan
  $7.88 Per Pay Period
- ❑ Identity Theft Shield
  $6.48 Per Pay Period
- ❑ Identity Theft Shield with Safeguard Option
  $6.98 Per Pay Period
- ❑ Comprehensive Group Legal Plan
  + Identity Theft Shield
  $12.85 Per Pay Period
- ❑ Comprehensive Group Legal Plan
  + Identity Theft Shield + Safeguard Option
  $13.35 Per Pay Period

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

member information

Please print.

Today's Date ___ / ___ / ___ (Month / Day / Year)

Time of Day _____ A.M. P.M. (Circle One)

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 _____

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

Associate Use Only

Assigned Associate Number _____
Associate Name _____
Associate SSN Number (If Licensed) _____
Associate License Number (In Florida) _____
Business Phone _____
Associate Signature X _____

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.

I hereby acknowledge that on this date, I purchased this plan in the city of McKinney in the state of Texas. By signing this application I certify I am legally residing in the United States of America.

Applicant Signature X _____

Dependents
_____ / / Last / First / MI — Date of Birth
_____ / / Last / First / MI — Date of Birth
_____ / / Last / First / MI — Date of Birth

Occupation _____

Company McKinney Independent School District

deduction authorization

I hereby authorize McKinney Independent School District City McKinney State TX to deduct $_____ per bi-monthly pay period from my earnings for my Pre-Paid Legal Services, Inc., and subsidiaries 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 Pre-Paid membership or the services provided through my membership and that the Company's sole responsibility is to withhold and pay my membership fee to Pre-Paid.

Print name _____ SSN _____

CONFIDENTIAL

Date _____ Applicant signature X _____

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