

Email completed form to: sales@legalclub.com or fax to: (954) 377-0245

Company Name **Phone** **Fax**

Address

City **State** **Zip**

Enrollment Date(s) **Effective Date** **Number of Eligible Employees**

Benefits Contact **Phone** **Email**

Billing Contact **Phone** **Email**

Enrollment / Cancellation Contact **Phone** **Email**
(please indicate if same as billing or benefits contact)

Enrollment Method: (please check one) **Online/Electronic** **Call Center** **Paper** **Other** _____

Billing (please check one) **Bill us Directly** **Third Party Administrator (TPA)**
(if this box is checked the TPA information section below MUST be completed)

Payment (please check one) **Payroll Deduction** **Employer Paid** **Combination** **Employer %** _____
(Voluntary) (Census Required) **Employee %** _____

Billing Address (if different from above)

City **State** **Zip**

TPA (if applicable)

TPA Name **Phone** **Contact Person**

Address **City** **State** **Zip**

Special Instructions

Product: **Family Protection Plan** **Family Legal Plan** **Identity Theft Solutions** **Small Business Plan**

Quoted Rate: (per member per month)

Benefits are subject to change. The employer agrees to maintain a payroll deduction slot for the Legal Club product and make timely remittance of deductions. Employer agrees to make Legal Club part of the annual enrollment / re enrollment process at least yearly to all employees. For complete details of Legal Club policies producers and products please visit our website at www.legalclub.com.

Company / Authorized Signature **Title** **Date**