



To process business properly, this form MUST be completed in its entirety.

<b>COMPANY / EMPLOYER GROUP</b>		
Company Name (print or type)	Phone	Fax
Address		Type of Business
City	State	Zip
Contact Person	Title	Email
Enrollment Date	Effective Date	Number Eligible Employees
<b>Billing</b> (Please check one) <input type="checkbox"/> Bill us Directly <input type="checkbox"/> Third Party Administrator (TPA) (If this box is checked the TPA Information section below <b>MUST</b> be completed)		
<b>Payment</b> (Please check one) <input type="checkbox"/> Payroll Deduction (Voluntary) <input type="checkbox"/> Employer Paid (Census Required) <input type="checkbox"/> Combination Employer % _____ Employee % _____		
Billing Address (if different from above)		
City	State	Zip
Attention	Phone	Email
<b>Legal Club guarantees the Plan rate for six (6) years. Free membership provision applies only to the legal care portion of the FPP. Other benefits provided within the FPP are not eligible for the free membership. Benefits other than legal are administered by outside vendors and are subject to change without notice. In order to remain eligible for the free membership provision, the employer must agree to continue to payroll deduct premiums and provide re-enrollment access once a year to all eligible employees.</b>		
Company / Authorized Signature	Title	Date

<b>TPA</b> (if applicable)		
TPA Name (print or type)		Phone
Contact Person		Email
Address		
City	State	Zip
Special Instructions:		

<b>AGENT Use Only</b>		
<b>Type of Enrollment</b> <input type="checkbox"/> Paper <input type="checkbox"/> Laptop <input type="checkbox"/> Online <input type="checkbox"/> Call Center <input type="checkbox"/> Other: _____		
Agent of Record Name (print or type)	Agency Name	Phone Email
Agent Signature	Agent #	Date
Enrollment Company Name (if applicable)	Contact	Phone Email

<b>LEGAL CLUB Use Only</b>		
Plan <input type="checkbox"/> FPP <input type="checkbox"/> FLP	Price Per Month:	
Special Instructions		