Application and Salary Deduction Authorization Form for Legal Club of America

HOW TO ENROLL

Simply complete the information below and fax to (916) 326-4237 or mail to CSEA, Member Benefits Division, 1108 "O" Street, Suite 303, Sacramento, CA 95814. If you need assistance or have any questions, please call the CSEA Member Benefits Office at: (916) 326-4283 or for California residents only (800) 952-5283. Upon completion and faxing or mailing of the enrollment form, you may contact Legal Club of America® to use the plan immediately. You may call the customer service toll-free number at (800) 305-6816 to receive an attorney assignment right away.

APPLICATION & SALARY DEDUCTION AUTHORIZATION FORM

MEMBER INFORMATION *California State Employees Association (CSEA)*

First Name	Last Name	MI	Date of Birth
Address		Social Security Number	
City		State	Zip
Home Phone	Work Phone	Email	

SALARY DEDUCTION INFORMATION

YES, I want to take advantage of this special offer of membership in the Legal Club of America® discount legal services program and receive access to all the services and benefits outlined. I understand that the fees and charges sought by the participating plan attorneys may only change if posted to the Legal Club Web site. Legal Club of America® and its agents are not party to any confidential attorney/client relationship that I may establish. I understand that this plan is not an insurance coverage. I understand that I may not use the plan and any of its attorneys to adversely affect my employer or plan sponsor. Upon enrollment, I have thirty (30) days to cancel my membership. The annual membership shall automatically renew unless terminated thirty (30) days prior to the expiration date of the term. I also understand my Legal Club of America® membership will continue, as long as payments are received, unless terminated in writing with proper advance notice.

☐ I am an active employed member of CSEA ☐ I am a retired member of CSEA

Please choose only ONE method of payment: **All for $12 per month!**

(1) ☐ PAYROLL DEDUCTION

I hereby enroll for a legal plan offered through Legal Club of America®. I am either an active employed member of CSEA or I am a retired member of CSEA. I understand that if I am an actively employed member of CSEA, the State of California will deduct the premium for Legal Club of America® from my salary or wages. I understand that if I am a retired member of CSEA, the Public Employees Retirement System will deduct the premium for Legal Club of America® from my retirement allowance.

(2) ☐ CHECKING/SAVINGS ACCOUNT DEDUCTION:

Select one: ☐ Checking ☐ Savings Bank Name:_____ Name on Account:_____

Routing Number (Look between symbols "/:/:" on your check):_____

Account Number:_____

☐ I want the premium to be taken from my account on the 1st of each month.
☐ I want the premium to be taken from my account on the 15th of each month.

(3) ☐ CREDIT CARD PAYMENT INFORMATION:

Credit Card (select One) ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number:_____ Expiration Date:_____

Print Name As It Appears On Card:_____

Member's Signature (Required) **Date**

Member's Name (print or type)

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