

(Select all that apply)



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OFFICE USE ONLY						
FR#						
PRD						
#APPS						
CWA						
B.D.						
FR.CD.						

Company Information	1						
Legal Name of Company	Tax ID Number						
DBA Name				# of Empl	oyees		
Physical Address							
City			State	Zip			
Authorizing Officer		Title		Phone		Ext	
Company Website							
Any employees reside in: (Check all that apply)	AK	FL	HI	MA	NV	NY	
Enrollment Informatio	n						
Benefit Effective Date	Scheduled Enrollment Date(s)						
Plans/Pricing							
Legal Plan(s)		Amount:					
	Amount:						
	Amount:						
Small Business Plan(s)	Amount:						
Enrollment Type	Payroll Deduction	n					
	Fringe						
	Partial Fringe – Employer pays for:						
	Self-Payment M	ethod					
Enrollment Method	LegalShield Paper Applications						
	LegalShield Secure Enrollment Website						
	Secure File Transfer – Please specify benefit platform						
Enrollment Frequency	Evergreen, allow enrollments anytime during the year.						
. ,	Only during open enrollment or qualifying event.						
Enrollment Effective Dates	Immediate First of the following Month Other:						
Payroll Cycle(s)	Monthly (12 pay	periods)	1 <sup>st</sup> Deduction E	End Date			

Weekly (52 pay periods)
Bi-weekly (26 pay periods)

Other: \_\_\_\_\_

Semi-monthly (24 pay periods)

1<sup>st</sup> Deduction End Date \_\_\_\_\_

Cancel Option	Immediate	First of the following Month	Open enrollment or qualifying event	
Cancel Instructions _				
Billing Information				
Plan Administrator				
Phone _		Ext	Fax	
Email _				
Billing address is th	e same as the company a	address.		
Billing Attention				
Billing Address				
City _		State	Zip	
Broker / PEO / TPA I	Information (if app	olicable)		
Company Type	Broker	TPA	PEO	
Company Name				
Contact Name				
Phone		Ext	Fax	
Email				
LegalShield Servicir	ng Information			
LegalShield Servicing Agent		Agent #	ŧ	
Company Authorizat	ion			
I want the amendme	ent added to the member	contract for employment related matters.		
By signing this form, I repres	ent I have the authority to	o allow LegalShield to introduce LegalShie	eld products to all company employees.	
Authorizing Officer Sign	ature		Date	

Group Name			Group#				
Associate Informat	ion						
Servicing Agent Name		Agent Numb	oer				
Field Trainer Name		Field Traine	r Number				
RSM Name		Involvemen	t: Initiated	Assisted			
Authorized Associate(s):							
Agent Name		Agent Nun	nber				
Agent Name		Agent Nun	nber				
Agent Name		Agent Nun	nber				
Commissions							
Payment Earnings	Yes No						
Commission Share (LegalShield web enrollment groups	,	lo OR ups must have a Commission Sh		Yes (attach form) No			
Name of finder to be paid				_ FF Code			
	(Code must be created and attac	ched to group before any applications will be	entered.)				
	ease be sure to include on paper applications.)	Producer	Agent Number				
Group Information	,						
ERISA Group: Yes	No	E	Business Code (see below) _				
(If an ERISA group, please male	ke sure all of the proper paper	work has been completed be	efore enrollments begin.)				
Comments							
Servicing Agent Signat		And information lines of the	Date				
Group Business Cod	, , ,	, I agree the information listed is	s correct.				
A Auto Related CarDealerships, Repair Shop & Detail Shop B Financial Institutions Banks, Credit Unions, Mortgage Co. C Sales/Marketing Retail Shops D Doctors Doctors Doctor, Denist, Medical Office EMS, Nurse E CDLP (Truck Drivers Plan Only) F Firefighters Fire Stations G Special Help Groups Red Cross, United Way, Salvation Army, YMCA, Goodwill Hospital Hospital Hospital Hospital Trust Trust Trust Groups Only	J CDLP & Family CDLP & Family Plans Only K Employee Leasing Co. Slaff Leasing, Temporary Employment, PEO's College University M Manufacturing Industrial N Miscellaneous Anything not in specific category O State Government Stale Accounts P Police Departments, Prisons Q Nursing Home Nursing Home, Home Health, Assisted Living, Hospice S Service Company Funeral, Locksmith, Travel, Dry Cleaners S Schools Public, Private, Christian	T City Government City, Town, Village U Energy, Utility Utility, Electric, Cas, Phone, Waler V CasinoHotel W Military Related National Guard, Armed Forces X Restaurant, Dell, Bakery, Catering Y County Government County, Parrish Z Real Estate Real Estate Companies AA Airline/Aviation BB Building/Construction Concrete, Steel, Painting, Lumber CC Communications TV, Radio, Newspaper, Advertising	DD Native American Tribes, Bands, Nations EE Transportation Transit Authority, Bus Company, Railroad FF Farm/Agriculture GG Insurance Related Agency HH High Tech Aerospace, Technology, Engineering II Internet Computer Related KK Health Related Filness/Center, Nutrition/Center, Drug/Store, Health Spa AS Associations DC Day Care Preschool, Early Child Learning Centers UU Unions CH Churches	CM Chambers of Commerce CS Convenience StoreCas Station CA Collection Agency EI Entertainment Industry ThemeParks, Zoos, Museum, Cinema, Wideo Store MM MaidCleaning Service Merry Maids PI Security Private Investigators LL Landscaping Lavn Care VV Veterinary Veterinary Veterinarins, Animal Hospitals GS Grocery Store HA Housing Authority WW Warehouse Distributors, Imports, Wholesalers OC Oil Field/Chemical EE Environmental/Recycling			