



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

GROUP BENEFIT AUTHORIZATION

Company Information

Legal Name of Company _____ Tax ID Number _____

DBA Name _____ # of Employees _____

Physical Address _____

City _____ State _____ Zip _____

Authorizing Officer _____ Title _____ Phone _____ Ext _____

Company Website _____

Any employees reside in: AK FL HI MA NV NY
(Check all that apply)

Enrollment Information

Benefit Effective Date _____ Scheduled Enrollment Date(s) _____

Plans/Pricing

Legal Plan(s) _____ Amount: _____

IDShield Plan(s) _____ Amount: _____

CDLP Plan(s) _____ Amount: _____

Small Business Plan(s) _____ Amount: _____

Enrollment Type Payroll Deduction
 Fringe
 Partial Fringe – Employer pays for: _____
 Self-Payment Method

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) 1st Deduction End Date _____
(Select all that apply) Weekly (52 pay periods) 1st Deduction End Date _____
 Bi-weekly (26 pay periods) 1st Deduction End Date _____
 Semi-monthly (24 pay periods) 1st Deduction End Date _____
 Other: _____

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 the same as the company address.

Billing Attention _____

Billing Address _____

City _____ State _____ Zip _____

Broker / PEO / TPA Information (if applicable)

Company Type Broker TPA PEO

Company Name _____

Contact Name _____

Phone _____ Ext _____ Fax _____

Email _____

LegalShield Servicing Information

LegalShield Servicing Agent _____ Agent # _____

Company Authorization

I want the amendment added to the member contract for employment related matters.

By signing this form, I represent I have the authority to allow LegalShield to introduce LegalShield products to all company employees.

Authorizing Officer Signature _____ **Date** _____

Group Name _____ Group# _____

Associate Information

Servicing Agent Name _____ Agent Number _____

Field Trainer Name _____ Field Trainer Number _____

RSM Name _____ Involvement: Initiated Assisted

Authorized Associate(s):

Agent Name _____ Agent Number _____

Agent Name _____ Agent Number _____

Agent Name _____ Agent Number _____

Commissions

Payment Earnings Yes No

Commission Share Yes (attach form) No OR Commission Rule Yes (attach form) No

(LegalShield web enrollment groups and electronic file enrollment groups must have a Commission Share or Commission Rule attached.)

Name of finder to be paid _____ FF Code _____

(Code must be created and attached to group before any applications will be entered.)

Producer ID _____ Producer Agent Number _____

(Please be sure to include on paper applications.)

Group Information

ERISA Group: Yes No Business Code (see below) _____

(If an ERISA group, please make sure all of the proper paperwork has been completed before enrollments begin.)

Comments _____

Servicing Agent Signature _____ Date _____

By signing this form, I agree the information listed is correct.

Group Business Codes

Table with 5 columns of business codes and descriptions, including categories like Auto Related, Financial Institutions, Doctors, etc.

LegalShield Corporate Office requires a minimum of five business days to process new groups. Pre-approval can be sent in up to 60 days prior to enrollment. All pages must be submitted for pre-approval.