



# GROUP PLAN APPLICATION **PAYROLL FORM**

## ONE - TYPE OF COVERAGE

Coverage effective dates occur only on the 1st of each month.

SELECT ONE  NEW Enrollment  CHANGE Coverage

HAVE YOU ENROLLED PREVIOUSLY:  YES  NO

How did you hear about Texas Legal?

## TWO - ENROLLMENT INFORMATION

PLEASE LIST EMPLOYER NAME:

### MONTHLY PREMIUMS

SINGLE:

\$20.00/month

FAMILY:

\$30.00/month

## THREE - PERSONAL DATA

APPLICANT

(FIRST, MI, LAST NAME)

DATE OF BIRTH

GENDER: MALE / FEMALE

ADDRESS

CITY

STATE

ZIP

HOME  / CELL  PHONE

WORK PHONE

EMAIL ADDRESS

## FOUR - COVERAGE OPTION

SELECT ONE  Single  Family\* Complete Section Five – Family Coverage

\* Eligible dependents means (1) Participant's spouse; and all of Participant's children, including step-children, legally adopted children, children for which Participant is the legal guardian, and grandchildren, any of which are under twenty-six (26) years of age; or (2) the definition of eligible dependent provided by the Master Policyholder for all other benefits offered by the Master Policyholder provided that said definition is more broad than (1) above and Master Policyholder provides a copy of same to Texas Legal. Notwithstanding the forgoing, an Eligible Dependand child may not be older than 26

## FIVE - FAMILY INFORMATION

Action SELECT ONE	First, MI, Last Name	Relationship to Applicant	Date of Birth (MM/DD/YY)	Gender SELECT ONE
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female

## SIX - SIGNATURE AND AUTHORIZATION

I understand that Texas Legal Protection Plan, Inc. d/b/a Texas Legal ("Texas Legal") sets forth the terms on my membership, including any exclusions or limitations, and agree to be bound by the same. The Certificate of Coverage, together with the Master Policy, Schedule of Benefits, Declarations Page, endorsements and this application constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the those documents.

Signature

Date

## INSTRUCTIONS

Complete, sign and return application to your Human Resources Department or designated benefits individual.

## TL OFFICE USE ONLY

ID(entification) No.:	Group Policy No.:	Effective Date:
Processed By:	Processed Date:	Received Date:
Subenrollment <input type="checkbox"/>	Tier <input type="checkbox"/>	Rider <input type="checkbox"/>
ID Codes <input type="checkbox"/>	Email <input type="checkbox"/>	Note <input type="checkbox"/>