



GROUP PLAN APPLICATION

(employer or association sponsored preferred and select plans)

Completed application should be sent directly to Texas Legal by email, fax, or mail:
7500 Rialto Boulevard, Building One, Suite 120, Austin, Texas 78735 Toll Free (800) 252-9346 | Fax (512) 327-0163 | members@texaslegal.org

ONE - TYPE OF SUBMISSION

ALL EFFECTIVE DATES ONLY OCCUR ON THE 1ST OF EACH MONTH

JOIN: NEW Enrollment ⇨ SELECT A PLAN: Preferred Plan OR Select Plan

UPDATE: Dependents AND/OR Payment Method

TWO - ENROLLMENT INFORMATION

This plan is made available to me by... (select one)

Employer _____ OR Association _____

THREE - PERSONAL INFORMATION

APPLICANT NAME (First, MI, Last Name) DATE OF BIRTH (MM/DD/YY) GENDER Male Female

MAILING ADDRESS APT/SUITE

CITY STATE ZIP

EMAIL ADDRESS

PRIMARY PHONE SECONDARY PHONE

FOUR - TYPE OF COVERAGE

SELECT ONE Single OR Family ⇨ Complete Section Five Dependent Information

FIVE - DEPENDENT INFORMATION

SELECT ONE	Dependent * See back for definition of Eligible Dependents. 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 - NOTICE OF RATES & PAYMENT METHOD

Texas Legal & Master Policyholder determine the Plan & Rate. The rates appear below as notification.

COVERAGE RATE(S)	SINGLE ANNUAL	FAMILY ANNUAL	SINGLE MONTHLY	FAMILY MONTHLY
Preferred Plan Premiums	\$195.00	\$290.00	\$20.00	\$30.00
Select Plan Premiums	\$100.00	\$150.00	\$10.00	\$15.00
Endorsement Plan <i>Select Associations Only</i> **	Preferred Plan \$207.00 Select Plan \$112.00	Preferred Plan \$302.00 Select Plan \$162.00	Preferred Plan \$21.00 Select Plan \$11.00	Preferred Plan \$31.00 Select Plan \$16.00

BANK DRAFT OPTION	BANK ACCOUNT NUMBER	9- DIGIT BANK ROUTING NUMBER
RECURRING Payment Frequency: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BANK NAME

BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM: **NOTICE: RETURNED BANK DRAFTS PAYMENTS INCUR \$25 FEE**
By signature of this application, you hereby authorize Texas Legal to charge/draft your checking/savings account from the financial institution listed. This is a recurring monthly or recurring annual option. This authority is to remain in effect until Texas Legal receives written notification from you revoking the authorization, subject to the terms and restrictions provided in the Policy. This account will be drafted at the beginning of each month. Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own

SEVEN - 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 of the Preferred Plan or Select Plan, depending on which I selected above, Schedule of Benefits, Declarations Page, endorsements and this application constitutes the entire agreement between Texas Legal 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 those documents. Please honor payment option listed above or below on my account by Texas Legal to its own order.

Signature of Applicant _____ Date _____

TEXAS LEGAL OFFICE USE

Subscriber ID :	Group ID:	Effective Date:
Processed By:	Processed Date:	Received Date:

CREDIT CARD CUSTOMERS PLEASE COMPLETE CREDIT CARD INFORMATION ON THIS FORM:

NOTICE: DECLINED CREDIT CARD PAYMENTS INCUR \$25 FEE

I hereby authorize Texas Legal to charge the credit card above for an annual or monthly payment of my premium or due fees, depending on my selection. I certify that I am the authorized holder and signer or have the consent of the authorized holder and signer of the credit card referenced above and that all information above is complete and accurate. I understand that this information will be securely maintained.

CREDIT CARD OPTION	RECURRING Payment Frequency: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	Cardholder Name
Billing Address	City	State Zip
Card Number	Expiration Date	

ONE – TYPE OF SUBMISSION

If you are selecting one of the following, you are:

NEW Enrollment – You are electing coverage for the first time or are a previous customer who is applying for a new policy.

Update – You could be adding or removing dependents or updating payment information.

TWO – ENROLLMENT INFORMATION

Include the name of the group which made this benefit available to you.

THREE – PERSONAL INFORMATION

Complete all requested information.

FOUR – TYPE OF COVERAGE

Select Single or Family coverage option. Single coverage option covers only the applicant. For a detailed description of dependents that qualify for coverage under the Family coverage option, see FIVE - DEPENDENT INFORMATION.

FIVE – DEPENDENT INFORMATION

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, 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 Dependent child may not be older than 26.

SIX – NOTICE OF RATES & PAYMENT METHOD

For monthly or annual payment option, be sure to complete all of the bank related information or credit card related information requested. Your signature on the application authorizes us to draft the checking or savings account you have listed or charge the credit card listed. We will continue to draft that account or credit card until you notify us in writing to cancel your Texas Legal plan.

SEVEN – SIGNATURE AND AUTHORIZATION

After completing the entire application, please review, sign and date. Signature of the applicant is required.

NOTICE – Incomplete applications may be returned by Texas Legal staff.

FREQUENTLY ASKED QUESTIONS:**1. Do I need to fill out an application each year?**

No. We make the enrollment process easy; you will only have to enroll once and not every year.

2. When will my account draft each month?

Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.

3. How do I know if I'm enrolled?

Texas Legal issues a Welcome Kit when enrollment is complete. You will receive a packet by mail which will include: your Texas Legal ID card, instructions to access the Attorney Finder, Declarations Page, Certificate of Coverage, Schedule of Benefits, and any endorsements, if applicable.

4. Who is covered under my legal plan?

If you select the single plan only you are covered. If you select the Family Coverage Option, it covers Eligible Dependents that you listed on the application. 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, 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 Dependent child may not be older than 26.

5. If I change jobs or retire can I remain on the plan?

Yes, if you enrolled through a group and became a Texas Legal member you have the option to convert to an Independent Policy after an employment separation due to retirement or otherwise. If you are enrolled and premiums are collected by payroll you will need to contact Texas Legal to make arrangements for premium payments.

6. Is each benefit available every plan year?

Each benefit is available once per policy per Plan Year, excepting General Legal Services, Consultations, Legal Access Services, Identity Theft Restoration, and Identity Theft Monitoring. Different benefits are covered under different plans, and Plan Years also vary. See your Texas Legal identification card or policy documents to find out what benefits are available to you and when your Plan Year is, or contact us for your policy information.

7. If I know someone that would benefit from the Texas Legal but their employer doesn't currently offer the Texas Legal benefit, would they be eligible to enroll?

Yes, Texas Legal does offer an Independent Plan. Additionally, we welcome the opportunity to offer this benefit to their employer or association. Please feel free to contact us on how to become a participating employer or association.