Effective Date: / /	Pre-Paid Legal Services, Inc., Associate Use Only
Effective Date://	
	CHECK ONE ☐ Pre-Paid Legal Services®, Inc. ☐ Pre-Paid Legal Casualty™, Inc.
1	☐ Pre-Paid Legal Services of Tennessee, Inc.  ☑ Pre-Paid Legal Services, Inc. of Florida
	□ National Pre-Paid Legal Services of Mississippi, Inc.
LegalShield IDShield	☐ Legal Service Plans of Virginia, Inc.
	□ Ohio Access to Justice, Inc.
	administered by Pre-Paid Legal Services®, Inc.  SELECTONE  Per Pay Period ( )
	Hamily Plans Legal \$ 7.98 Legal \$ 7.98 Legal \$ 7.98
EMPLOYEE BENEFIT MEMBERSHIP APPLICATION A \$10 non-refundable fee is waived due to your employer offering this at work.	IDShield \$ 4.48
	Combo \$ 12.45 Combo \$ 15.45
member information Please p	orint.
Today's Date	Assigned Associate Number _128160355
Month Day Year	Associate NameTiffany Sullivan
Time of Day  A.M. (Circle One)	Associate Name
P.M.	Associate License Number (In Florida)
Last 4 of SSN#	
For internal use only by PPLSI. Our privacy policy is available upon req	Signature of Associate X
Name Last	Applicant: I understand that the written contract sets forth the terms of my membership,
First MI	and the company will make the microst contract to the de the address notes in the make the make
Mailing Apt. / Ste.#	fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the LegalSheild Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the
Street Address	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
City	membership contract.
	In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.
	I hereby acknowledge that on this date, I purchased this plan in the city of
Primary Member's Date of Birth / Day / Year	in the state of By signing this application I certify I am legally residing in the United States of America.
Spouse Last	Signature of Applicant X
First MI	Signature of Applicant
11131	Dependents / / / Date of Birth
Work Phone Ext.	Last / First / MI Date of Birth
Home/Cell Phone	Last / First / MI Date of Birth
Personal	
Email Address  Provide your personal email address to receive a digital membership kit.	Employer
address required for identity theft members. LegalShield will not sell you address or personal information of any kind to third party vendors.	
مريد ما المحمد ا	ization
payroll deduction author	
I hereby authorize my employer Pensacola State College	City Pensacola State FL to deduct \$ per pay period
from my earnings for my LegalShield, and subsidiaries members	ship and to remit such amount directly to LegalShield. I agree that my employer will
not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to LegalShield.	
Print name	SSN XXX-XX-
Date Applicant signature: X	