



OFFICE USE ONLY

| | |
|--------|-------|
| FR# | _____ |
| PRD | _____ |
| #APPS | _____ |
| CWA | _____ |
| B.D. | _____ |
| FR.CD. | _____ |
| RSM | _____ |

GROUP AUTHORIZATION FORM

Company Information

Legal Name of Company _____ Tax ID Number _____

DBA Name _____ # of Employees _____

Physical Address _____

City _____ State _____ Zip _____

Company Website _____

Primary Contact _____ Phone _____ Ext _____

Email _____ Fax _____

Authorizing Officer _____ Company Phone _____

Plan Administrator is the same as Primary Contact. Billing invoices will be provided online through LegalShield's My Group Account website.

Plan Administrator _____ Phone _____ Ext _____

Email _____ Fax _____

Email address will be the login name for My Group Account. An account creation email will be sent once the group has been setup.

I would like to opt-into paperless invoicing.

I would like to learn more about online payment options.

Plans / Pricing

Legal Individual \$ _____ Family \$ _____ / \$ _____ / \$ _____ / \$ _____
AK & HI Residents MA & NV Residents NY Residents

IDShield Individual \$ _____ Family \$ _____

Legal + IDShield Individual \$ _____ Family \$ _____ / \$ _____ / \$ _____ / \$ _____
AK & HI Residents MA & NV Residents NY Residents

CDLP/Small Business _____
(Other)

Enrollment Information

Benefit Effective Date _____ Scheduled Enrollment Date(s) _____

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

Enrollment Method LegalShield Paper Applications LegalShield Secure Enrollment Website
 Secure File Transfer – Contact Name _____ Phone _____
Email _____

(Select all that apply)
Payroll Cycle(s) Monthly (12 pay periods) 1st Deduction Date
 Weekly (52 pay periods) 1st Deduction Date
 Bi-weekly (26 pay periods) 1st Deduction Date
 Semi-monthly (24 pay periods) 1st Deduction Date
 Other: _____

Enrollment Frequency Evergreen, enroll anytime throughout the year Open enrollment or qualifying event only

Enrollment Effective Dates Immediate First of the following Month Other

Cancel Option Immediate First of the following Month Open enrollment or qualifying event only

Cancel Instructions _____

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** _____

SERVICING ASSOCIATE USE ONLY

Group Name _____ Group # _____ Business Code _____
See Below.

Payment Earnings (All full fringe accounts are placed on a 3-year payment earnings.)

ERISA Plans (Please ensure all ERISA paperwork has been submitted to Corporate and approved prior to enrollments.)