



Benefit Application

CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

Please print.

Member Information

Today's Date

Month	Day	Year
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Time of Day

_____ A.M. (Circle One)
 _____ P.M.

SSN #

X	X	X	-	X	X	-				
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For internal use only by LegalShield. Our privacy policy is available upon request.

Name

Last _____

First _____ MI _____

Mailing Address

Apt. / Ste.# _____

Street Address _____

City _____

State _____ ZIP + 4 _____

Primary Member's Date of Birth

Month	Day	Year
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Co-Applicant

Last _____

First _____ MI _____

Work Phone

			-				-					Ext.				
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Home Phone

			-				-				
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Cell Phone

			-				-				
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Spouse Email Address

I do not wish to receive email updates from LegalShield about my membership. (Your privacy is a priority with us! LegalShield will not sell your email address or personal information of any kind to third party vendors.)

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the LegalShield Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with 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 membership contract.

Applicant Email Address

Dependents

Last / First / MI _____ Date of Birth ____/____/____

Last / First / MI _____ Date of Birth ____/____/____

Last / First / MI _____ Date of Birth ____/____/____

Spouse Date of Birth

____/____/____

Applicant Signature X

Coverage Options:

Option 1: IDShield

- Privacy Monitoring
- Security Monitoring
- Consultation
- Full Service Restoration
- Purchase for whole family or individual

Option 2: LegalShield

- Legal Advice on Unlimited Issues
- Letters/Calls on Your Behalf
- Preparation of Will/Living Will
- Review of Contracts/Documents
- Purchase for whole family or individual

Option 3: Combination

- Most Comprehensive
- Best Value
- Includes both Option 1 & Option 2
- Purchase for whole family or individual

Selected Coverage Option (please check one)

<input type="checkbox"/> Individual IDShield - \$8.45/mo	<input type="checkbox"/> Individual LegalShield - \$14.95/mo	<input type="checkbox"/> Combination Indiv \$23.40/mo
<input type="checkbox"/> Family IDShield - \$15.95/mo	<input type="checkbox"/> Family LegalShield - \$15.95/mo	<input type="checkbox"/> Combination Family \$28.90/mo
<input type="checkbox"/> Decline coverage		