

Payroll Deduction



EMPLOYER: _____ SOCIAL SECURITY # _____

LAST NAME: _____ FIRST NAME: _____ INT. _____

ADDRESS: _____ PHONE: (home) _____ (work) _____

_____ BIRTH DATE: _____ SEX: _____

EMAIL: _____

SPOUSE (full name): _____ DATE OF BIRTH: _____

DEPENDENTS (use back of form for additional dependents)

(1) _____ Date of Birth _____ (4) _____ Date of Birth _____

(2) _____ Date of Birth _____ (5) _____ Date of Birth _____

(3) _____ Date of Birth _____ (6) _____ Date of Birth _____

I hereby apply for enrollment in the **UNITED LEGAL BENEFITS** ("ULB") legal services plan. I have received a copy of the Plan Agreement ("Agreement") and understand the coverages, exclusions, limitations, and other provisions of the plan.

I understand and agree that the Agreement shall be effective upon the acceptance of this application (the "Commencement Date"). Through my company's payroll deduction program, **I agree to pay the monthly fee for twelve (12) months and I understand that I am obligated to be a member of ULB for a minimum of 12 months.**

I understand and agree that if the Agreement is canceled prior to the one-year anniversary of the Commencement Date for non-payment, I will be liable to ULB for the balance of monthly fees due for the remainder of the twelve (12) month period. ULB shall be entitled to reasonable attorneys' fees and/or collection expenses if required. **Renewal of coverage following termination is subject to a twelve (12) month waiting period.**

I understand that payment is due in advance and that if ULB does not receive payment within ten (10) days from the due date, ULB has the right to cancel the Agreement and shall have no further obligations to me.

I represent that all of the information furnished by me is true and correct and acknowledge that any pre-existing litigation, court proceedings, or other legal actions by or against any person covered by the Agreement shall not be covered, except as expressly provided in the Agreement.

This Agreement shall automatically renew annually on the anniversary of the Commencement Date unless ULB is notified **in writing** thirty (30) days prior to any such date.

MONTHLY FEE \$17.50

PAYROLL DEDUCTION - AGREEMENT ACCEPTANCE:

Accept - I hereby accept this Agreement and authorize my employer to process payroll deductions for my enrollment.

Signature Date Plan attorney firm and location: (See attached list)

Effective date of coverage: _____

United Legal Benefits, LLC