U.S. Legal Services

Last Name _____ First Name _____ Middle Initial _____

Employee ID Number _____ Social Security Number _____

Mailing Address _____ Telephone _____

City _____ County _____ State _____ Zip Code _____

Company _____ Work Telephone _____

Email Address _____ Spouse's Name _____

No. of Pay Periods: 12 24 26 52 Amount of Deduction: $ _____ Family _____ CDL _____

(Circle One) Other: _____ $ _____ CDL Plus _____

Applicant Signature _____ Date _____

Associate Signature _____ License # _____ Assoc. # _____

I choose to waive my option to enroll in U.S. Legal Services at this time. (*initial here*) ☐

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. I understand that legal services will be provided as outlined in the contract and that I will be responsible for any filing fees, court costs, etc. associated with any action. I authorize for premiums to be collected as indicated above or by any other method I should change to in the future. I understand that the attorney-client relationship is confidential and such relationship is with my assigned attorney and not with U.S. Legal. I represent, that to the best of my knowledge, all information above is true and correct and that no person to be insured under the plan is now involved in any litigation, court proceeding, or other matter which could result in legal action. This agreement shall remain in effect until U.S. Legal has received written notice of cancellation and has had reasonable opportunity to act on it.

U.S. Legal Services

8133 Baymeadows Way Jacksonville, Florida 32256 (800) 356-LAWS (904) 730-0023 fax