Enrollment Application

Direct Billing or Credit Card

UNITED LEGAL BENEFITS ®

CONFIDENTIAL

EMPLOYER: _____   EMAIL: _____

LAST NAME _____   FIRST NAME_____INIT._____

ADDRESS   _____   PHONE (home) _____ (work)_____

CITY   _____   BIRTH DATE_____   SEX_____

STATE, ZIP _____

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

DEPENDENT CHILDREN

(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 and payment of the enrollment fee (the "Commencement Date"). **I agree to pay the monthly fee for twelve (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 to enforce the Agreement.

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 $19.50

I select the following plan attorney firm and location:

_____
(**Firm must be located within the state you reside**)

DIRECT BILLING - AGREEMENT ACCEPTANCE:		CREDIT CARD PAYMENT - AGREEMENT ACCEPTANCE
❏ **Monthly $19.50 per month**		❏ **VISA** ❏ **MASTERCARD**
I hereby accept this Agreement and agree to pay my monthly fees upon receipt of ULB invoices.	**OR**	CARD NUMBER_____EXP.DATE_____ SIGNATURE_____DATE_____
Name (PRINT) _____ Signature _____ Date		I hereby accept this Agreement and authorize United Legal Benefits to charge my credit card **MONTHLY FEES** in accordance with this agreement.

United Legal Benefits

30 E. Padonia Road, Suite 304, Timonium, MD 21093
Tel: 410.628.1110 • Fax: 410.628.0166
Email: info@unitedlegalbenefits.com
www.unitedlegalbenefits.com