



GROUP PLAN APPLICATION (for employer or association sponsored plans)

Completed application should be sent directly to Texas Legal by fax, mail or email: 7500 Rialto Boulevard, Building One, Suite 120, Austin, Texas 78735 Toll Free (800) 252-9346 | Fax (512) 327-0163 | members@texaslegal.org

ONE - TYPE OF COVERAGE

Coverage effective dates occur only on the 1st of each month.

SELECT: [ ] NEW Enrollment OR [ ] ADD/DROP Dependents AND/OR [ ] CHANGE Payment Method

FOR NEW ENROLLMENTS ONLY, SELECT A PLAN: [ ] Preferred Plan OR [ ] Select Plan

TWO - ENROLLMENT INFORMATION

Group - This policy is available to you through your... [ ] Employer [x] Association

LIST EMPLOYER OR ASSOCIATION NAME Texas Public Employees Association

THREE - PERSONAL DATA

APPLICANT

(FIRST, MI, LAST NAME)

EMAIL ADDRESS

DATE OF BIRTH

GENDER: [ ] Male / [ ] Female

MAILING ADDRESS

CITY

STATE

ZIP

HOME [ ] / CELL [ ] PHONE

WORK PHONE

FOUR - COVERAGE OPTION

SELECT ONE [ ] Single [ ] Family\* Complete Section Five - Family Coverage

\* See reverse for definition of family members that qualify for coverage as Eligible Dependents.

FIVE - FAMILY INFORMATION

Table with columns: Action, SELECT ONE, First, MI, Last Name, Relationship to Applicant, Date of Birth (MM/DD/YY), Gender SELECT ONE. Includes rows for Add/Remove and Male/Female options.

SIX - NOTICE OF RATES & PAYMENT METHOD

Texas Legal & Master Policyholder determine the Plan & Rate. The rates appear below as notification.

Table with columns: TYPES, RATE(S), SINGLE ANNUAL PREMIUM, FAMILY ANNUAL PREMIUM, SINGLE MONTHLY PREMIUM, FAMILY MONTHLY PREMIUM. Includes rows for Preferred Plan, Select Plan, and Endorsement Plan.

BANK DRAFT OPTION

(For credit card option, see bottom of the application)

Choose Draft Schedule

Recurring Monthly [ ] Recurring Annual [ ]

Account Number

Choose Account Type

[ ] Checking [ ] Savings

Routing Number / 9-digits

Bank Name

BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM:

By signature of this application, you hereby authorize Texas Legal to charge/draft your checking/savings account from the financial institution listed. This is a recurring monthly or recurring annual option. This authority is to remain in effect until Texas Legal receives written notification from you revoking the authorization, subject to the terms and restrictions provided in the Certificate of Coverage. This account will be drafted at the beginning of each month. Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.

NOTICE: RETURNED BANK DRAFTS/CREDIT CARD PAYMENTS INCUR \$25 FEE

SEVEN - SIGNATURE AND AUTHORIZATION

I understand that Texas Legal Protection Plan, Inc. d/b/a Texas Legal ("Texas Legal") sets forth the terms on my membership, including any exclusions or limitations, and agree to be bound by the same. The Certificate of Coverage, together with the Master Policy of the Preferred Plan or Select Plan, depending on which I selected above, Schedule of Benefits, Declarations Page, endorsements and this application constitutes the entire agreement between Texas Legal 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 those documents. Please honor payment option listed above or below on my account by Texas Legal to its own order.

Signature

Date

OFFICE USE ONLY

Form with fields: ID(entification) No., Group Policy No., Effective Date, Processed By, Processed Date, Received Date, Subenrollment, Tier, Rider, ID Codes, Email, Finance, Note.

CREDIT CARD CUSTOMERS PLEASE COMPLETE CREDIT CARD INFORMATION ON THIS FORM:

I hereby authorize Texas Legal to charge the credit card above for an annual or monthly payment of my premium or due fees, depending on my selection. I certify that I am the authorized holder and signer or have the consent of the authorized holder and signer of the credit card referenced above and that all information above is complete and accurate. I understand that this information will be securely maintained.

CREDIT CARD OPTION

Payment Schedule:

Recurring Monthly [ ] Recurring Annual [ ]

Card Type:

[ ] Visa [ ] MasterCard [ ] American Express

Name as it appears on credit card

Billing Address

City

State

Zip

Card Number

Expiration Date

**ONE – TYPE OF COVERAGE**

If you are selecting one of the following, you are:

**NEW** – You are electing coverage for the first time or are a previous customer who is applying for a new policy.

**ADD/DROP/CHANGE** – You could be adding or removing dependents or updating account information.

**TWO – ENROLLMENT INFORMATION**

Include the name of the group which made this benefit available to you.

**THREE – PERSONAL DATA**

Complete all requested information.

**FOUR – COVERAGE OPTION**

Select Single or Family coverage option. Single coverage option covers only the applicant. For a detailed description of family members that qualify for coverage under the Family coverage option, see FIVE - FAMILY INFORMATION.

**FIVE – FAMILY INFORMATION**

If you select the family coverage option list all dependents/family members you wish to include on the policy. Eligible dependents means (1) Participant's spouse; and all of Participant's children, including step-children, legally adopted children, children for which Participant is the legal guardian, and grandchildren, any of which are under twenty-six (26) years of age; or (2) the definition of eligible dependent provided by the Master Policyholder for all other benefits offered by the Master Policyholder provided that said definition is more broad than (1) above and Master Policyholder provides a copy of same to Texas Legal. Notwithstanding the forgoing, an Eligible Dependent child may not be older than 26.

**SIX – NOTICE OF RATES & PAYMENT METHOD**

Select either annual payment or monthly payment.

For the monthly or annual payment option, be sure to complete all of the bank related information or credit card related information requested. Your signature on the application authorizes us to draft the checking or savings account you have listed or charge the credit card listed. We will continue to draft that account or credit card until you notify us in writing to cancel your Texas Legal plan.

**SEVEN – SIGNATURE AND AUTHORIZATION**

After completing the entire application, please review, sign and date. Signature of the applicant or person legally authorized to act on behalf of the applicant is required.

**NOTICE** – Incomplete applications may be returned by Texas Legal staff.

**MOST FREQUENTLY ASKED QUESTIONS****1. Do I need to fill out an application each year?**

No. We make the enrollment process easy; you will only have to enroll once and not every year.

**2. When will my account draft each month?**

Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.

**3. How do I know if I'm enrolled?**

Texas Legal issues a welcome kit when enrollment is complete. You will receive a packet by mail which will include: your Texas Legal ID card, instructions to access the Attorney Finder, Declarations Page, Certificate of Coverage, Schedule of Benefits, and any endorsements, if applicable.

**4. Who is covered under my legal plan?**

If you select the single plan only you are covered. If you select the Family Coverage Option, it covers Eligible Dependents that you listed on the application. Eligible dependents means (1) Participant's spouse; and all of Participant's children, including step-children, legally adopted children, children for which Participant is the legal guardian, and grandchildren, any of which are under twenty-six (26) years of age; or (2) the definition of eligible dependent provided by the Master Policyholder for all other benefits offered by the Master Policyholder provided that said definition is more broad than (1) above and Master Policyholder provides a copy of same to Texas Legal. Notwithstanding the forgoing, an Eligible Dependent child may not be older than 26.

**5. If I change jobs or retire can I remain on the plan?**

Yes, if you enrolled through a group and became a Texas Legal member you have the option to convert to an individual policy after an employment separation due to retirement or otherwise. If you are enrolled and premiums are collected by payroll you will need to contact Texas Legal to make arrangements for premium payments.

**6. Is each of the benefits available each plan year?**

Each benefit is available once per policy per Policy Year, excepting General Legal Services, Consultations, Legal Access Services, Identity Theft Restoration, and Identity Theft Monitoring. Different benefits are covered under different plans, and Policy Years also vary. See your Texas Legal identification card or policy documents to find out what benefits are available to you and when your Policy Year is, or contact us for your policy year information.

**7. If I know someone that would benefit from the Texas Legal but their employer doesn't currently offer the Texas Legal benefit, would they be eligible to enroll?**

Yes, Texas Legal does offer an Independent Plan. Additionally, we welcome the opportunity to offer this benefit to their employer or association. Please feel free to contact us on how to become a participating employer or association.