![LegalShield™]

GROUP AUTHORIZATION FORM

Company Information

Legal Name of Company _____ Tax ID Number _____

DBA Name _____ # of Employees _____

Physical Address _____

City _____ State _____ Zip _____

Company Website _____

Primary Contact _____ Phone _____ Ext _____

Email _____ Fax _____

Authorizing Officer _____ Company Phone _____

☐ Plan Administrator is the same as Primary Contact. Billing invoices will be provided online through LegalShield's My Group Account website.

Plan Administrator _____ Phone _____ Ext _____

Email _____ Fax _____
   Email address will be the login name for My Group Account. An account creation email will be sent once the group has been setup.

☐ I would like to opt-into going paperless.

☐ I would like to learn more about online payments

Plans / Pricing

				AK & HI Residents	MA & NV Residents	NY Residents
Legal	Individual $ _____	Family $ _____	/ $ _____	/ $ _____	/ $ _____	
IDShield	Individual $ _____	Family $ _____				
Legal + IDShield	Individual $ _____	Family $ _____	/ $ _____	/ $ _____	/ $ _____	
CDLP/Small Business (Other)	_____					

Enrollment Information

Benefit Effective Date _____ **Scheduled Enrollment Date(s)** _____

Enrollment Type ☐ Payroll Deduction ☐ Fringe / Employer ☐ Paid Self-Payment

☐ Partial Fringe – Employer pays for: _____

Enrollment Method ☐ LegalShield Paper Applications ☐ LegalShield Secure Enrollment Website

☐ Secure File Transfer – Contact Name _____ Phone _____

Email _____

(Select all that apply)
Payroll Cycle(s)
☐ Monthly (12 pay periods)   ☐ 1st Deduction Date
☐ Weekly (52 pay periods)   ☐ 1st Deduction Date
☐ Bi-weekly (26 pay periods)   ☐ 1st Deduction Date
☐ Semi-monthly (24 pay periods) ☐ 1st Deduction Date
☐ Other: _____

Enrollment Frequency ☐ Evergreen, enroll anytime throughout the year   ☐ Open enrollment or qualifying event only

Enrollment Effective Dates ☐ Immediate   ☐ First of the following Month   ☐ Other

Cancel Option ☐ Immediate First of the following Month   ☐ Open enrollment or qualifying event only

Cancel Instructions

Broker / PEO / TPA Information (if applicable)

Company Type ☐ Broker   ☐ TPA   ☐ PEO

Company Name _____ **Contact Name** _____

Phone _____ **Ext** _____ **Fax** _____

Email _____

LegalShield Servicing Information

LegalShield Servicing Agent _____ Agent # _____

Company Authorization

☐ I want the amendment added to the member contract for employment related matters.

By signing this form, I represent I have the authority to allow LegalShield to introduce LegalShield products to all company employees.

Authorizing Officer Signature _____ **Date** _____

SERVICING ASSOCIATE USE ONLY

Group Name _____ Group # _____ Business Code _____
See Below.

Payment Earnings ☐ (All full fringe accounts are placed on a 3-year payment earnings.)

ERISA Plans ☐ (Please ensure all ERISA paperwork has been submitted to Corporate and approved prior to enrollments.)

Associate Information

Servicing Associate Name _____ Associate Number _____

Authorized Associate Name _____ Associate Number _____

Authorized Associate Name _____ Associate Number _____

Authorized Associate Name _____ Associate Number _____

Field Trainer Name _____ Field Trainer Associate Number _____

Producer ID _____ Producer Associate Number _____
(Producer ID must be setup by LegalShield before using. Producer ID must be listed on paper applications.)

Name of finder to be paid _____ Finder Fee Code _____
(FF Code must be created and attached before enrollments are processed.)

Commission Share (Required for electronic enrollment file and website enrollment groups. Leave state field blank to represent all states.)

Associate Name _____ Associate # _____ receives 100% of the commissions.

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Associate Name _____ Associate # _____ Percentage ____ State ____

Please review the Commission Share Guidelines before submitting a commission share. Percentages must be whole percentages totaling 100%. An associate in the commission share must be listed on the paper applications. For licensed states, the licensed associate must retain at least 50% and be listed on the paper applications. In MA and MS, all associates must be licensed. If submitting for multiple states, you may attach the Commission Share Agreement form.

Comments

Servicing Agent Signature _____ **Date** _____
By signing this form, I agree the information listed is correct.

Group Business Codes

Code	Category		Code	Category		Code	Category		Code	Category		Code	Category
A	Auto Related Car Dealerships, Repair Shop & Detail Shop		J	CDLP & Family CDLP & Family Plans Only		T	City Government City, Town, Village		DD	Native American Tribes, Bands, Nations		CM	Chambers of Commerce
B	Financial Institutions Banks, Credit Unions, Mortgage Co.		K	Employee Leasing Co. Staff Leasing, Temporary Employment, PEO's		U	Energy/Utility Utility, Electric, Gas, Phone, Water		EE	Transportation Transit Authority, Bus Company, Railroad		CS	Convenience Store/Gas Station
C	Sales/Marketing Retail Shops		L	College/University		V	Casino/Hotel		FF	Farm/Agriculture		CA	Collection Agency
D	Doctors Doctor, Dentist, Medical Office, EMS, Nurse		M	Manufacturing/Industrial		W	Military Related National Guard, Armed Forces		GG	Insurance Related Agency		EI	Entertainment Industry Theme Parks, Zoos, Museum, Cinema, Video Store
E	CDLP (Truck Drivers Plan Only)		N	Miscellaneous Anything not in specific category		X	Restaurant Restaurant, Deli, Bakery, Catering		HH	High Tech Aerospace, Technology, Engineering		MM	Maid/Cleaning Service
F	Firefighters Fire Stations		O	State Government State Accounts		Y	County Government County, Parrish		II	Internet Computer Related		PI	Security Private Investigators
G	Special Help Groups Red Cross, United Way, Salvation Army, YMCA, Goodwill		P	Police Departments Police, Sheriff Departments, Prisons		Z	Real Estate Real Estate Companies		KK	Health Related Fitness Center, Nutrition Center, Drug Store, Health Spa		LL	Landscaping Lawn Care
H	Hospital Hospital, Health Systems		Q	Nursing Home Nursing Home, Home Health, Assisted Living, Hospice		AA	Airline/Aviation		AS	Associations		VV	Veterinary Veterinarians, Animal Hospitals
I	Trust Trust Groups Only		R	Service Company Funeral, Locksmith, Travel, Dry Cleaners		BB	Building/Construction Concrete, Steel, Painting, Lumber		DC	Day Care Preschool, Early Child Learning Centers		GS	Grocery Store
			S	Schools Public, Private, Christian		CC	Communications TV, Radio, Newspaper, Advertising		UU	Unions		HA	Housing Authority
									CH	Churches		WW	Warehouse Distributors, Imports, Wholesalers
												OC	Oil Field/Chemical
												EC	Environmental/Recycling

*** LegalShield Corporate Office requires a minimum of 5 business days to process new groups. All pages can be submitted for pre-approval up to 60 days prior to enrollment. ***