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(800) 356-LAWS (904) 730-0023 fax

www.uslegalservices.net

Legal Services Plan For

University of Louisville

Membership Enrollment Form

Last name _____ First name _____ Middle initial _____

ID number _____ Spouse's name _____

Mailing address _____

City _____ County _____ State _____ Zip Code _____

Telephone # _____ Mobile Telephone # _____

Email address _____

ACTIVE EMPLOYEES:

\$18.75 Payroll Deduction **Signature** _____

I agree that this authorization will remain in force and effect until U.S. Legal and Payroll Department has received written notice from the Policyholder of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

** 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.*

Applicant Signature _____ Date _____

Agent # _____

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.