






Have You Ever?

To Learn more go to: <http://connect.legalshield.com/legalids>

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information on-line
- Feared the security of your medical information








Protect you and your family with our benefit offering of a legal services plan—an ever-growing need. LegalShield gives you the ability to talk to an attorney about any personal matter without worrying about high hourly costs.

	Unlimited Legal Consultation Now have a law firm ready to help when you need it—without the unaffordable, high hourly rates.
	Standard Will Preparation It's time for you to check this off of your To-Do Lists so you can protect your assets and heirlooms—and leave a legacy for loved ones.
	Letters and Phone Calls On Member's Behalf A phone call from a lawyer or a letter on an attorney's letterhead can help you get the results needed.
	Legal Document Review The Provider Law Firm will review an unlimited number of personal documents—up to 15 pages each.
	24/7 Emergency Assistance Emergencies happen. Now you have after-hours legal support and consultation for covered legal emergencies...day or night.



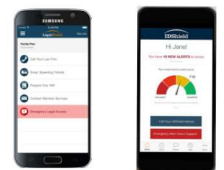
With identity theft, it is not a matter of "if" you will be impacted by this crime, but "when." Our IDShield service has helped restore 10,000+ individual identities back to pre-theft status.

	Monitoring with alerts	
	Credit	Credit report surveillance, quarterly score tracker.
	Identity	Passport, medical id, driver's license, debit/credit card, ssn, and more.
	Security	Web watcher, hacker sights, dark trading sites, and more.
	Counsel Unlimited Consultation (business hours) Emergency Hotline (after hours)	
	Full Identity Restoration By licensed private investigators	
	5 Million Dollar Service Guarantee We spend up to \$5 million to do whatever it takes for as long as it takes to restore your employees' identity.	
	Identity Theft Protection for Dependents With family plan, allows Parents/Guardians of up to 8 minors under the age of 18 to monitor for potential fraudulent activity associated with their child's SSN	

Weekly Cost	LegalShield	IDShield	Combined
Individual	\$3.45	\$1.95	\$5.40
Family	\$3.68	\$3.68	\$6.67 (bundled price)

LegalShield
MEMBERPERKS

With dozens of member discounts at popular retailers, our members save an average of \$50 - \$150/month with discounts from retailers, restaurants and nationally known brands. The MemberPerks benefit is included with all of our plans at no extra cost.



For more information contact:

Paul and Cassie Prinke

602-828-2868 or 602-999-9643

legalhelp@cox.net





DID YOU KNOW?

10 MILLION AMERICANS HAVE THEIR IDENTITY STOLEN *EACH YEAR*

Equifax's breach is a reminder that your personally identifiable information can be stolen and used to steal your identity.

Protect Your Identity With IDShield

Your employer strives to provide you with the best in benefits, that is why they chose IDShield. IDShield is the only identity theft plan that provides direct access to licensed private investigators and shields your personally identifiable information from criminals.

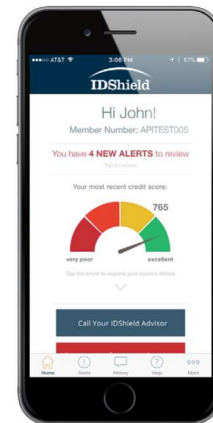
IDShield vs. Equifax TrustedID

Here's how IDShield compares to Equifax's TrustedID when it comes to basic identity monitoring and restoration:

Monitoring	IDShield	TrustedID
Credit Report	✓	✓
Driver's License	✓	
Date of Birth	✓	
Social Security Number	✓	✓
Alerts		
Credit Inquiries	✓	
Identity Theft	✓	
Restoration		
Complete Identity Restoration	✓	
Consultation with Licensed Private Investigators	✓	
\$5 Million Service Guarantee	✓	

WE HAVE AN APP FOR THAT!

With the IDShield mobile app you can track your identity and have on-the-go access 24/7 !



If you are already enrolled in the IDShield plan: Use the IDShield app or login to myidshield.com to keep your account and monitored information up to date. As always, you have access to IDShield's licensed private investigators for identity consultation and restoration.



Cassie and Paul Prinke

Small Business and Group Specialists

legalhelp@cox.net

602.999.9643 / 602.828.2868

This comparison is based on information that is publicly available as of September 2017 and on plans at similar price points, without discounts. This is a summary only. Each company may have more plans available. As with all plans, some exclusions apply. Please see a plan contract for complete details. IDShield is a product of LegalShield, and provides access to identity theft protection and restoration services through an exclusive relationship with Kroll. Neither LegalShield nor its officers, employees, or sales associates directly or indirectly provide identity theft protection, restoration services, or advice.





Pre-Paid Legal Services®, Inc., and subsidiaries
Corporate Offices:
P.O. Box 145 • Ada, OK 74821-0145
A \$10 non-refundable fee is required for individual enrollments.

Fill out all yellow
areas and sign
in 2 places
noted with an **X**

Pre-Paid Legal Services, Inc., Associate Use Only

- CHECK ONE ☐ Pre-Paid Legal Services®, Inc.
☒ Pre-Paid Legal Casualty™, Inc.
☐ Pre-Paid Legal Services of Tennessee, Inc.
☐ Pre-Paid Legal Services, Inc. of Florida
☐ National Pre-Paid Legal Services of Mississippi, Inc.
☐ Legal Service Plans of Virginia, Inc.
☐ Ohio Access to Justice, Inc.
administered by Pre-Paid Legal Services®, Inc.

CHECK ALL THAT APPLY*

- ☐ Standard Plan ☐ Expanded Plan
☐ Commercial Drivers Legal Plan (\$25 Enrollment Fee)
☐ Law Officers Legal Plan ☐ Exp. Law Officers Legal Plan
☐ Home-Based Business Plan (1st time enrollee)
☐ HBB Rider only (must be same payment method as Expanded Plan)
☐ Legal Shield ☐ Other*

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

*Some plans may not be available in certain states.

IR ☒

member information

Please print.

Today's Date

Month / Day / Year

Time of Day

A.M. (Circle One)
P.M.

SSN #

SSN #

For internal use only by PPLSI. Our privacy policy is available upon request.

Name

Last

First MI

Mailing Address

Apt. / Ste. #

Street Address

City

State ZIP + 4

Primary Member's Date of Birth

Month / Day / Year

Spouse

Last

First MI

Work Phone

Work Phone Ext.

Home Phone

Home Phone

Email Address

☐ I do not wish to receive email updates from PPLSI about my membership.
(Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)

Associate Use Only

Assigned Associate Number

Associate Name

Associate SSN Number (If Licensed)

Associate License Number (In Florida)

Business Phone

Signature of Associate

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company 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 the membership contract.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application I certify I am legally residing in the United States of America.

Signature of Applicant

Dependents

Last / First / MI Date of Birth

Last / First / MI Date of Birth

Last / First / MI Date of Birth

Employer

Occupation

payroll deduction authorization

I hereby authorize my employer _____ City _____ State _____ to deduct \$ _____ per month from my earnings for my Pre-Paid Legal Services®, Inc., and subsidiaries membership and to remit such amount directly to Pre-Paid. I agree that my employer will not be responsible or liable for my decision to purchase the Pre-Paid membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to Pre-Paid.

X Check One

Family / Individual

Print name _____ SSN _____

Date _____ Applicant signature: **X**

☐ \$15.95/ \$14.95 / month LegalShield ONLY

☐ \$15.95/ \$8.45 / month IDShield ONLY

☐ \$28.90/ \$23.40/ month BOTH LegalShield & IDS

Email completed form to: legalhelp@cox.net

Fill out Highlighted Areas, Sign Application AND Payment area, ✓ the service level you want!

Part-Time/Adjunct Staff, use this form or: www.legalshield.com/info/coconino



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2 places noted
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☒ Pre-Paid Legal Casualty™, Inc.
☐ Pre-Paid Legal Services of Tennessee, Inc.
☐ Pre-Paid Legal Services, Inc. of Florida
☐ National Pre-Paid Legal Services of Mississippi, Inc.
☐ Legal Service Plans of Virginia, Inc.
☐ Ohio Access to Justice, Inc.
administered by Pre-Paid Legal Services®, Inc.

CHECK ALL THAT APPLY*

- ☐ Standard Plan ☐ Expanded Plan
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OFFICE USE ONLY	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

*Some plans may
not be available in
certain states.

IR ☐

member information

Please print.

Today's Date / / If you choose the bank draft option,
your account will be drafted on or
about this date each month.

SSN # - - For internal use only by
PPLSI. Our privacy policy
is available upon request.

Name Last

First MI

Mailing Address Apt. /
Ste. #

Street
Address

City

State ZIP + 4

Member's Date of Birth / /

Spouse Last

First MI

Work Phone - - Ext.

Home Phone - -

Email Address

- ☐ I do not wish to receive email updates from PPLSI about my membership.
(Your privacy is a priority with us! PPLSI will not sell your email address
or personal information of any kind to third party vendors.)

Associate Use Only	Assigned Associate Number <input type="text"/>
	Associate Name <input type="text"/>
	Associate SSN Number (if Licensed) <input type="text"/>
	Associate License Number (In Florida) <input type="text"/>
	Business Phone <input type="text"/>
Signature of Associate <input checked="" type="checkbox"/>	

Applicant: I understand that the written contract sets forth the terms of my membership,
including any exclusions or limitations, and agree to be bound by the same. I further understand
that the company will mail the written contract to me at the address noted herein within the next
fourteen days. If I have not received my contract within that time frame, I understand that it is my
responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy. The
written contract, together with this application, constitutes the entire agreement between the
company 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 the
membership contract.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer
files a statement of claim or an application containing any materially false, incomplete, or
misleading information concerning a material fact is guilty of a felony of the 3rd degree.

I hereby acknowledge that on this date, I purchased this plan in the city of _____
in the state of _____. By signing this application
I certify I am legally residing in the United States of America.

Signature of Applicant ☒

Dependents

Last / First / MI

Date of Birth

Last / First / MI

Date of Birth

Last / First / MI

Date of Birth

payment information

TO COMPLETE, select the ONE payment option you prefer. Your credit card charge or check is your receipt.

☐ Monthly or Annual Bank Draft

Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize Pre-Paid Legal Services®,
Inc., to charge/draft my checking/savings account from the Financial Institution listed below. **This authority is to remain in effect until Pre-
Paid Legal Services®, Inc., receives written notification from me revoking the authorization. Your account will be drafted each month on
or about the effective date of your membership.**

Name of Bank
(Financial Institution)
Bank Address

Acct. #
Institution Transit #

Signature of Account Holder ☒

- ☐ Checking Account (Attach check from account to be drafted.) ☐ Savings Account (Attach verification.)

CITY STATE ZIP

Check One

- Family / Individual
☐ \$15.95 / \$14.95 Legal Plan only
☐ \$15.95 / \$8.45 IDS only
☐ \$28.90 / \$23.40 Legal Plan with IDS

One-time enrollment fee

\$

Total enclosed by
check, money order,
or charged to credit card

\$

(If paying by credit card, I realize my first charge will
include a one-time enrollment fee where applicable.)

OR

☐ Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged on or about the 15th or 25th monthly.

Card #: Exp. Date: (Mo./Yr.)

Cardholder Signature ☒

- ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

☐ Annual Direct Bill

I wish to pay annually by check.
Checks should be made payable to
Pre-Paid Legal Services, Inc.

Amount enclosed:

*Must include first year payment.

Email to: legalhelp@cox.net