



# U.S. Legal Services

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Spouse's Name \_\_\_\_\_

No. of Pay Periods: 12    24    26    52    Amount of Deduction: \$ \_\_\_\_\_ Family \_\_\_\_\_ CDL \_\_\_\_\_  
(Circle One)    Other: \_\_\_\_\_ \$ \_\_\_\_\_ CDL Plus \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Signature \_\_\_\_\_ License # \_\_\_\_\_ Assoc. # \_\_\_\_\_

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. 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.

## U.S. Legal Services

8133 Baymeadows Way

Jacksonville, Florida 32256

(800) 356-LAWS

(904) 730-0023 fax

White - Payroll

Canary - U.S. Legal

Pink - Agent

Goldenrod - Customer