

IDENTIFICATION

Organization / Business Name		Contact Name	
Website	Email address of Contact	Office Phone No. ()	Fax No. ()
Office Location Address	City	State	Zip code
Mailing Address	City	State	Zip code
Organization / Business Type	Date Organization/Business Established	Total Number of Location(s)	Total Number of Employees
Business Hours (Monday – Friday)	Business hours (Weekends)	Total Shifts (1 st , 2 nd , 3 rd)	Other

HOW DID YOU HEAR ABOUT US?

How did you hear about HLP? HLP (Website / Announcement) HLP Participating Attorney HLP Member:
 Other:

COVERAGE

Plan Type	Additional Services (limited to qualifying groups)	
STANDARD PLAN (see below for list of services)	<input type="checkbox"/> State Employee Benefit = work-related civil and criminal defense endorsement \$ 1.00 per month <input type="checkbox"/> HLP Employee/Member Benefit = work-related hearing endorsement \$ 1.00 per month	
Plan Year (12 Consecutive Months)	Billing Option	Payment Option (select multiple options)
<input type="checkbox"/> Calendar – January through December <input type="checkbox"/> Fiscal – September through August <input type="checkbox"/> Other:	<input type="checkbox"/> Bill directly to organization / business <input type="checkbox"/> Bill directly to member <input type="checkbox"/> Other:	<input type="checkbox"/> Monthly Bank Draft / ACH (checking or savings) <input type="checkbox"/> Annual Bank Draft / ACH (checking or savings) <input type="checkbox"/> Annual Credit Card (Visa, MasterCard, American Express)

ENROLLMENT

Enrollment Option
 HLP to coordinate enrollment directly from organization or employee / member Organization to coordinate enrollment
 Other:

Enrollment Period	Enrollment Meeting(s)	List date(s) for Meetings	*In-Service / Education	Effective Date (1 st day of the month)
<input type="checkbox"/> Open – Anytime (every month) <input type="checkbox"/> Closed – Only during enrollment period <input type="checkbox"/> Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> New Hire Orientation <input type="checkbox"/> Benefit Fair <input type="checkbox"/> Other:	<input type="checkbox"/> All Staff Meeting <input type="checkbox"/> Lunch and Learn Events <input type="checkbox"/> Other:	

*HERITAGE LEGAL PROTECTION, INC. conducts educational and outreach sessions to organizations and businesses that vary from the importance of estate planning, family law, consumer protection and other areas of law. These engagements last approximately an hour and are free of charge. Heritage Legal Protection, Inc. partners with provider attorneys to provide the education.

SERVICES

Each of the services is available once per plan year established by the organization/business per account: (see Summary of Benefits for service limitations)

Estate Planning	Will(s) including complex trusts provisions/ Living Will(s) /Powers of Attorney/Codicils
Family Law	Adoption / Civil Action (defense)/ Divorce / Name Change/Modification of Existing Order (Divorce and Modification require a 6-month waiting period from the date of the first date of coverage of the subscriber)
Criminal Law	DWI (defense) / Felony (defense)/ Juvenile Court (defense)/ Habeas Corpus (defense) License Suspension/Revocation (defense) / Misdemeanor (defense)/ Insanity/Infirmary
Civil Law	Civil Action (defense) /Consumer Protection
Bankruptcy	Chapter 7 or Chapter 13
Preventative Legal Services	4 hours of legal advice, negotiations, correspondence, document preparation
Hotline	Speak directly with an attorney for general legal advice and consultation Monday through Friday 9 am – 5 pm

ACKNOWLEDGMENT

I am applying, on behalf of the organization/business named above to enroll as a group member and make these services available to the members, employees and affiliates of this organization/business. The certificate of benefits, together with this application constitute the entire agreement between Heritage Legal Protection, Inc. and the organization/business listed above with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the certificate of benefits.

Signature _____	Date _____
Name: _____	Title: _____