

Completed application should be sent directly to Heritage Legal Protection, Inc. by Fax, Mail or Email:
 2129 Stateline Road West, Suite B, Southaven, Mississippi 38671 Phone (662) 280-5000 | Fax (662) 342-7010 | members@heritagelegalprotection.com

ONE - TYPE OF COVERAGE

SELECT ONE NEW Enrollment CHANGE Coverage
 HAVE YOU ENROLLED PREVIOUSLY: YES NO

Coverage effective dates occur only on the 1st of each month.

CHANGE Payment Method

HOW DID YOU HEAR ABOUT HERITAGE LEGAL PROTECTION, INC.?

TWO - ENROLLMENT INFORMATION

SELECT Group Is this plan made available to you by one of the following?
 GROUP TYPE: Employer Association

PLEASE LIST GROUP NAME:

THREE - PERSONAL DATA

APPLICANT (FIRST, MI, LAST NAME)		EMAIL ADDRESS
SSN	DOB	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE

FOUR - COVERAGE OPTION

SELECT ONE Single Family* Complete Section Five – Family Coverage
 *The family plan covers the applicant, his/her spouse and eligible dependents. Eligible dependents are children under the age of 25.

FIVE - FAMILY INFORMATION

Action	First, MI, Last Name	Relationship to Applicant	Date of Birth (MM/DD/YY)	Gender SELECT ONE
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Add <input type="checkbox"/> Remove

SIX - PAYMENT METHOD

TYPE(S) RATE(S)	SINGLE ANNUAL PREMIUM	FAMILY ANNUAL PREMIUM	SINGLE MONTHLY PREMIUM	FAMILY MONTHLY PREMIUM
Employer Plan	\$ 10 savings \$185.00	\$ 14 savings \$280.00	\$ 16.25	\$ 24.50
State Plan <i>Select State Agencies*</i>	\$ 10 savings \$ 197.00	\$ 14 savings \$292.00	\$ 17.25	\$ 25.50
Association Plan **	\$ 10 savings \$ 209.00	\$ 14 savings \$304.00	\$ 18.25	\$ 26.50

<input type="checkbox"/> BANK DRAFT <input checked="" type="radio"/> Monthly <input type="radio"/> Annual	<input type="checkbox"/> CREDIT CARD (Annual Payment Only) <input checked="" type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express
Account Number	Name as it appears on credit card
Routing Number / 9-digits	Card Number
Bank Name	Expiration Date
Bank Phone Number	Address
Choose Account Type	City
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State
	Zip

PLACE YOUR VOIDED CHECK OR SAVINGS ACCOUNT SLIP HERE
BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM:
 By signature of this application, you hereby authorize Heritage Legal Protection, Inc. to charge/draft your checking/savings account from the financial institution listed. This is a one-time payment or monthly option. This authority is to remain in effect until Heritage Legal Protection, Inc. receives written notification from you revoking the authorization. This account will be drafted at the beginning of each month. Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.
CREDIT CARD CUSTOMERS PLEASE COMPLETE CREDIT CARD INFORMATION ON THIS FORM:
 I hereby authorize Heritage Legal Protection, Inc. to charge the credit card above for a one-time payment of my premium or due fees, depending on my selection. I certify that I am the authorized holder and signer of the credit card reference above and that all information above is complete and accurate. I understand that this information will be securely maintained.

SEVEN - SIGNATURE AND AUTHORIZATION

I understand that Heritage Legal Protection, Inc. sets forth the terms on my membership, including any exclusions or limitations, and agree to be bound by the same. The Certificate of Coverage, together with the Master Policy, Schedule of Benefits, Declarations Page, endorsements and 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 those documents. Please honor payment option listed above on my account by Heritage Legal Protection, Inc. to its own order.

SIGNATURE _____ DATE _____

HERITAGE LEGAL PROTECTION, INC. OFFICE USE ONLY

Certificate Number:	Policy Number:	Effective Date:
Processed By:	Processed Date:	Received Date: