

HERITAGE

LEGAL PROTECTION, INC.

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

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

SELECT ONE NEW Enrollment CHANGE Coverage CHANGE Payment Method

HAVE YOU ENROLLED PREVIOUSLY: YES NO

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

TWO - ENROLLMENT INFORMATION

POLICY TYPE: Individual

THREE - PERSONAL DATA

APPLICANT
(FIRST, MI, LAST NAME)

EMAIL ADDRESS

SSN DOB GENDER: Male 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				SELECT ONE
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female

SIX - PAYMENT METHOD

RATE	SINGLE ANNUAL PREMIUM	FAMILY ANNUAL PREMIUM	SINGLE MONTHLY PREMIUM	FAMILY MONTHLY PREMIUM
Individual Plan <i>one-time \$10 initial enrollment fee added to 1st payment</i>	\$15 savings \$200.00	\$ 19 savings \$220.00	\$ 17.95	\$ 19.95

<input type="checkbox"/> BANK DRAFT <input type="radio"/> Monthly <input type="radio"/> Annual	<input type="checkbox"/> CREDIT CARD (Annual Payment Only) <input 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	Expiration Date		
Bank Name	Address	City	State	Zip
Bank Phone Number	PLACE YOUR VOIDED CHECK OR SAVINGS ACCOUNT SLIP HERE			
Choose Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<small>BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM: By signature of this application, you hereby authorize HLP 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 HLP 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.</small>			

* Additional (1) benefit apply. ** Additional (2) benefits apply.

SEVEN - SIGNATURE AND AUTHORIZATION

I understand that Heritage Legal Protection, Inc. sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. The Policy, together with the Schedule of Benefits and this application constitute the entire agreement between the company and the applicant with respect to the Policy, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the Policy. 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: