For HR use Only
Effective Date _____

Enrollment Form

Section 1: Plan Selection (Please check the following benefit options you elect to enroll)		
Legal Plan		
Legal Plan: $ 6.24 / Bi-weekly *This benefit extends to you, your spouse or domestic partner, and dependents up to the age of 26 years old.*		
Section 3: Employee Information		
Employer:		Job Title:
Employee Name:		
Home Phone:	Work Phone:	Cell Phone:
Current Address:		
City:	State:	Zip:
Date of Birth:	Email:	
Section 4: Spousal Information		
Name:		
Email:		Employer:
Cell Phone:	Date of Birth:	Job Title:
Phone:	Email:	
Section 5: Dependent Information		
Name:		Date of Birth:
Name:		Date of Birth:
Name:		Date of Birth:
Signatures		
I have received the descriptive material for each plan and chose to enroll in my selection above. IDIQ® Pre-Paid Legal Services℠ may not cancel my membership without prior written notice to me. I understand that this plan will remain in effect until written notice is provided to IDIQ® Pre-Paid Legal Services℠ I authorize my employer to deduct from my paycheck for the payment of service plan fees, which will be forwarded to IDIQ. (The amount of the deduction from each paycheck will be influenced by the frequency of payroll, whether you are paid weekly, semi weekly, bi-monthly).		
Employee Signature:		Date:
Enroller:		Date:

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