INDIVIDUAL
LEGAL DEFENSE ENROLLMENT FORM

Benefits applying for:

- ☑ Criminal, Civil, Administrative & Unlimited Supplemental $262.00*
- ☐ Telephone Consultation Program $48.00
- ☐ Pre-Paid Legal Plan $120.00

HR-218 Increased Benefit: ☐ Plan B-$60.00 ☐ Plan C-$120.00 ☐ Plan D-$180.00 ☐ Plan E-$240.00 ☐ Plan F-$300.00

*Includes Annual non-refundable $12.00 PLEA Membership Fee

Total Enclosed: $_____

No Cancellation Refunds

Payment Plan: ☐ Annual ☐ Semi-Annual+ ☐ Quarterly+

+Add $4.00 Service Fee to each payment

Please complete the following information and return to our office via mail, fax or e-mail (kathyg@plea.net) or apply online at https://plea.net/legal-defense/

Member Information:

✷Name: _____

✷Member's Date of Birth: _____/_____/_____ Member's last 4 digits Social Security #: _____

✷Address: _____

✷City: _____ ✷State: _____ ✷Zip Code: _____

Phone Number (_____)_____ E-mail:_____

Employer: _____

Position: _____

Work Number: (_____)_____ E-mail:_____

$5,000 Accidental Death & Dismemberment Information:

✷Beneficiary Name: _____ ✷Relationship: _____

✷ = Required information in order to receive the $5,000 Accidental Death & Dismemberment coverage

I hereby apply for enrollment in the PLEA Legal Defense Fund and Participation in the PLEA Trust. I agree to abide by all terms and conditions thereof. I understand that no benefit is in effect until this Enrollment Form is approved by the Plan Administrator. To my knowledge, I am not presently named in any suits, actions, or proceedings, nor under investigation for a duty-related incident, except the following for which there would be no benefit under the Plan: _____

_____

I have read, understand and agree to the Terms and Conditions of the Legal Defense Summary Plan Description. Summary Plan Description can be reviewed at www.plea.net, under Member Resources tab.

Member's Signature: _____ Date: _____

CHOICE OF COUNSEL

The Participant has the free and unrestricted right to employ an attorney of his or her choice. The Plan has no obligation to recommend counsel and is not a guarantor in any manner of the skill of counsel chosen by participant, even if the attorney is a Participating Attorney. However, the Plan will not pay fees and costs incurred by an attorney that exceed the reasonable fees and costs that would have been incurred by an attorney within the Participant's geographical area.

PLEA * P.O. Box 82263 * Rochester, MI 48308-2263 * 248-588-8989 * Fax 248-641-8857
www.plea.net

CREDIT CARD FORM

All fields must be completed

Name of client: _____

Name on Card: _____

Card Number: _____ _____ _____ _____

Expiration Date: _____ CVV2# (last 3 digits on back of card): _____

Address Number: _____ ZIP: _____

☐ One Time Payment ☐ Recurring Payment

Signature: _____

ACH FORM

All fields must be completed

Name on bank account: _____

Billing Address (on bank account): _____

Routing Number(9 digits): _____

Account Number: _____

☐ Checking ☐ Savings

☐ One Time Payment ☐ Recurring Payment

Signature: _____