

**COUNTRYWIDE**  
PRE-PAID LEGAL SERVICES, INC.

# ENROLLMENT FORM

**Please check the following Plan Benefit Options you elect to enroll**

## SECTION 1

<input type="checkbox"/> <b>Personal Legal Plan</b>  <b>\$17.95</b> per month includes spouse and dependents up to the age of 23 at no additional cost.	<input type="checkbox"/> <b>Platinum ID Theft &amp; Credit Monitoring Plan</b>  <b>\$11.95</b> / person per month	<p><b>Check one coverage level for ID Theft Plan <u>ONLY</u></b></p> <p> <input type="checkbox"/> Employee  <input type="checkbox"/> Employee + Spouse  <input type="checkbox"/> Employee + Dependent(s) (over age 18)  <input type="checkbox"/> Employee + Spouse + Dependent(s)         </p> <p><b><u>ALSO COMPLETE SECTION 4 BELOW</u></b></p>
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Employer:	Job Title:
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Employee Name:

Home Phone: (            )	Cell Phone: (            )
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Current address:	County:
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City:	State:	ZIP Code:
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Date of Birth:	E-mail:
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## SECTION 2

## SPOUSAL INFORMATION

Name: \_\_\_\_\_

E-mail:	Employer:
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Cell Phone: (        )	Date of Birth:	Job Title:
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### **SECTION 3**

## DEPENDENT INFORMATION

Name:	Date of Birth:
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Name:	Date of Birth:
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Name	Date of Birth:
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## SECTION 4

**ID THEFT AND CREDIT MONITORING- ADDITIONAL FAMILY MEMBERS THAT I WILL ENROLL (OVER AGE 18):**  
**EACH ENROLLED PERSON NEEDS AN EMAIL ADDRESS.**

Spouse/Domestic Partner Name:	E-mail:
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Name:	E-mail:
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Name:	E-mail:
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Name:	E-mail:
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## SIGNATURES

I have received the descriptive material for the pre-paid legal services and/or the ID theft and Credit Monitoring Plans and chose to enroll in my selection above. Countrywide Pre-Paid Legal Services, Inc. may not cancel either plan or my membership without prior written notice to me. I understand that this plan will remain in effect until written notice is provided to Countrywide Pre-Paid Legal Services, Inc. I authorize my bank to make monthly payments of \$17.95 for the Legal Plan and/or \$11.95 a month per person for the Platinum ID Theft and Credit Monitoring Plan to Countrywide Pre-Paid Legal Services, Inc. from the account identified on the enclosed check using electronic draft, ACH or other methods.

Employee Signature:	Date:
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<b>Checking:</b>	<b>Savings:</b>	<b>Financial Institution:</b>	Routing #:								
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