



City of Franklin

Enrollment Form

Primary Member Information			
Last Name	First Name	MI	Date of Birth
Address		Social Security Number	
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Home/Personal Email		Work Email	
Employer Name	Department/Location	Date of Employment	

Dependent Information					
<small>(Your spouse, unmarried children under the age of 19 who reside with you and full-time students up to age 26 qualify as dependents)</small>					
Last Name	First Name	MI	Date of Birth	Sex	Relationship

Enrollment Agreement and Law Firm Selection		
<p>Yes, I want to enroll in the Legal Resources Plan!</p> <p>I understand Legal Resources agrees to provide the covered legal services listed in the Master Plan Contract. I agree to pay the monthly fee, through payroll deduction, for a minimum of 12 months. I authorize my employer to deduct the monthly fee from my wages. I understand the monthly fee is due in advance. This annual membership shall renew automatically on the anniversary date, or per my employer's open enrollment policies, unless Legal Resources is notified thirty (30) days prior to the expiration date. I understand I am responsible for Non-Attorney Costs such as court costs, filing fees, or any fines assessed for all Members. I agree that if I cancel my coverage within 12 months from the effective date, I will pay all costs and fees for services rendered which exceed the amount of monthly fees paid during the term.</p>		
Primary Member Name	Primary Member Signature	Date
COST \$ 9.00 Per Pay Period \$ 10.00 Enrollment Fee	Law Firm Selection or Code → <small>Leave blank if you want Legal Resources to select a law firm closest to your residence or if no law firms are listed in your area.</small>	

**For additional information, please call Legal Resources at 800.728.5768 or visit www.LegalResources.com
Please return this completed form to your Human Resources/Benefits Administrator.**

OFFICE USE ONLY		
EFFECTIVE DATE: _____	AGENT: _____	Member ID _____