

# TEXAS LEGAL PROTECTION PLAN [www.tlpp.org](http://www.tlpp.org) MEMBERSHIP APPLICATION

## 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 TLPP?

## TWO - ENROLLMENT INFORMATION

SELECT POLICY TYPE:  Individual  Group Is this plan made available to you by one of the following?  
 Go to THREE  Employer  Association  Credit Union  Other

PLEASE LIST GROUP NAME:

## 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 26.

## FIVE - FAMILY INFORMATION

Action SELECT ONE	First, MI, Last Name	Relationship to Applicant	Date of Birth (MM/DD/YY)	Gender 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

SELECT RATE(S)	TYPE(S) RATE(S)	SINGLE ANNUAL PREMIUM	FAMILY ANNUAL PREMIUM	SINGLE MONTHLY PREMIUM	FAMILY MONTHLY PREMIUM
<input type="radio"/>	Individual Plan <i>one-time \$10 initial enrollment fee added to 1<sup>st</sup> payment</i>	\$7 savings \$200.00	\$12 savings \$300.00	\$17.25	\$26.00
<input type="radio"/>	Group Plan	\$10 savings \$185.00	\$14 savings \$280.00	\$16.25	\$24.50
<input type="radio"/>	State Plan <i>Select State Agencies*</i>	\$10 savings \$197.00	\$14 savings \$292.00	\$17.25	\$25.50
<input type="radio"/>	TPEA Plan**	\$10 savings \$209.00	\$14 savings \$304.00	\$18.25	\$26.50

<input type="checkbox"/> BANK DRAFT <input type="radio"/> Monthly <input type="radio"/> Annual	<input type="checkbox"/> CREDIT CARD available for annual premiums only <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express
Account Number	Name as it appears on credit card Expiration Date
Routing Number / 9-digits	Address City State Zip

Bank Name	<p><b>PLACE YOUR VOIDED CHECK OR SAVINGS ACCOUNT SLIP HERE</b></p> <p><b>BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM:</b>                  By signature of this application, you hereby authorize TLPP 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 TLPP receives <u>written</u> 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 through the 4th of each month or later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.</p> <p><b>ANNUAL CREDIT CARD CUSTOMERS PLEASE COMPLETE CREDIT CARD INFORMATION ON THIS FORM:</b>                  I hereby authorize Texas Legal Protection Plan to charge the credit card above for a one-time annual payment of my premium or due fees. 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</p> <p style="text-align: right;">* Additional benefit apply. ** Additional benefits apply.</p>
Bank Phone Number	
Choose Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

## SEVEN - SIGNATURE AND AUTHORIZATION

I understand that TLPP sets forth the terms on my membership, including any exclusions or limitations, and agree to be bound by the same. The Certificate of Benefits, together with this application constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the Certificate of Benefits. Please honor payment option listed above on my account by Texas Legal Protection Plan to its own order.

Signature

Date

## TLPP OFFICE USE ONLY

Subscriber ID: Group ID: Effective Date:

Processed By: Processed Date: Received Date:

Completed application should be sent directly to TLPP by mail, fax or email:

Toll (800) 252-9346 | Fax (512) 327-0163 | Austin (512) 327-1372 | Office 7500 Rialto Boulevard, Building One, Suite 120, Austin, Texas 78735 | Email [members@tlpp.org](mailto:members@tlpp.org)

CREATED AND ENDORSED BY THE STATE BAR OF TEXAS SINCE 1972

**RATES EFFECTIVE 09/01/2011**

Enrollment Application 2011 06/15/2011 1 of 2

**ONE – TYPE OF COVERAGE**

**SELECT ONE BOX** – If you are selecting one of the following, you are:

**NEW** – You are electing coverage for the first time.

**CHANGE** – You could be adding or removing dependents or updating account information.

**TWO – ENROLLMENT INFORMATION**

Include the name of the group which made this benefit available to you or select the individual policy if you are not affiliated with a qualifying group.

**THREE – PERSONAL DATA**

Complete all requested information.

**FOUR – COVERAGE OPTION**

If you select the single plan, only you are covered under the plan. If you select the family plan it covers the applicant, his/her spouse and eligible dependents.

**FIVE – FAMILY INFORMATION**

If you select the family plan list all dependents/family members, you wish to include on the plan. Eligible dependents are the dependent children of you or your spouse that are under the age of twenty-six.

**SIX – PAYMENT METHOD**

Select either annual payment or monthly bank draft.

If you choose the annual payment option, include a check or money order for that amount with your application or complete the bank draft or credit card section for a one-time payment.

If you choose the monthly bank draft option, be sure to complete all of the bank related information requested. Attach a voided check or savings account slip to the application in the space provided. Your signature on the application authorizes us to draft the checking or savings account you have listed. We will continue to draft that account until you notify us in writing to cancel your account.

**SEVEN – SIGNATURE AND AUTHORIZATION**

After completing the entire application, please review, sign and date. A signature is required.

**MOST FREQUENTLY ASKED QUESTIONS**

- 1. Do I need to fill out an application each year?**  
No. We make the enrollment process easy; you will only have to enroll once and not every year.
- 2. Are credit or debit cards accepted?**  
TLPP is accepting credit or debit cards for one-time annual payments. Please contact us for other options or see how we can assist you.
- 3. Is enrollment available online?**  
No. At this time, TLPP is not set up to accept enrollment applications online but please continue to visit our website for future an online enrollment option.
- 4. When will my account draft each month?**  
Payment is due on the 1<sup>st</sup> of each month. Your account may not reflect the debit until the 2<sup>nd</sup> through the 4<sup>th</sup> of each month or later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.
- 5. How do I know if I'm enrolled?**  
TLPP issues a welcome kit when enrollment is complete. You will receive a packet by mail which will include: your TLPP Membership ID card, instructions to access the Attorney Finder, Certificate of Benefits Book, and a plan information insert.
- 6. Who is covered under my legal plan?**  
If you select the single plan only you are covered under the plan. If you select the family plan it covers the applicant, his/her spouse and eligible dependents. Eligible dependents are dependent children who are under the age of 26.
- 7. If I change jobs or retire can I remain on the plan?**  
Yes, if you enrolled through a group and became a TLPP member you have the option to remain on the plan after an employment separation due to retirement or otherwise. You must contact TLPP to continue coverage or notification of this change to avoid a break in coverage or termination of services. If you are enrolled and premiums are collected by payroll you will need to contact TLPP to make arrangements for premium payments. Conversions to an individual plan may result in a rate change and plan year. The individual (conversion) plan year at this time is January through December.
- 8. Are each of the benefits available each plan year?**  
Each benefit is available once per account per plan year. Plan years vary. See your TLPP identification card, or contact us for your plan year information.
- 9. If I know someone that would benefit from the Texas Legal Protection Plan but their employer doesn't currently offer the TLPP benefit, would they be eligible to enroll?**  
Yes, TLPP does offer an individual policy. We also welcome the opportunity to offer this benefit to their employer or association. Please feel free to contact us on how to become a participating group.
- 10. I don't see a payment option that works for me; can I still enroll in the plan?**  
Please contact us for payment options not available on the application. We welcome the opportunity to work with you and find the best way to meet your needs.