

Old Dominion University Research Foundation

Enrollmont Form

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Primary Member In	formation										
Last Name			First Name					MI	Da	ite of Birth	
Address									Employee ID Number		
City			State					Zip			
Home Phone		Cell Phon				Cell Phone	2				
Personal Email			Work Email								
Employer Name Department/ L			ocation Date				Date	e of Employment			
Spouse and Depend	dent Informat	ion									
(Your spouse, unmarried children	under the age of 19 who		d full-tii	ne students up t			· · · · · · · · · · · · · · · · · · ·		1 .		
Last Name		First Name			MI	Date	of Birth	Sex	Rel	ationship	
Enrollment Agreem			ion								
Yes, I want to enroll in the Legal Resources Plan!											
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 that exceed the amount of monthly fees paid during that term.											
Primary Member Name			Primar	y Member Signat	ure					Date	
Cost \$7.62 Per Pay Period Enrollment Fee Waived	Law Firm Selection of Leave blank if you want select a law firm closest or if no law firms are list	Legal Resources to to your residence									
For additional ir	formation, please	e call Legal Re	sourc	es at 800.72	28.576	58 or	visit ww	w.Lega	lResc	ources.com	

Please return this completed form to your Human Resources/ Benefits Administrator.

OFFICE USE ONLY								
Effective Date:	Agent:	Member ID:						