

## Old Dominion University **Research Foundation**

## **Enrollment Form**

<b>Primary Member Ir</b>	nformation											
Last Name			First Name					MI		Date of Birth		
Address				_1					Employee ID Number			
City			State					Zip				
Home Phone		Work Phone	Cell Phone				2					
Personal Email				Work Email								
Employer Name	Department/			ocation Date					e of Employment			
Spouse and Dependent Information  (Your spouse, unmarried children under the age of 19 who reside with you and full-time students up to age 26 qualify as dependents)												
Last Name	under the age of 15 wif	First Name	a run-ti	ine students up t	MI		of Birth	ident	Sex	Relationship		
Enrollment Agreem			ion									
Yes, I want to enroll in the I	Legal Resources Pla	ın!										
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			Prima	ry Member Signat	ure					Date		
Cost \$7.62 Per Pay Period Waived Enrollment Fee  Law Firm Selection or Code  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.  For additional information, please call Legal Resources				es at 800.72	28.576	58 or	visit wv	vw.	LegalF	Resources.com		
	p.ou.		•						-3			

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

OFFICE USE ONLY						
Effective Date:	Agent:	Member ID:				