

Continuing Your LegalShield Coverage After Employment Ends

As a LegalShield Member, you can continue coverage after ending employment and keep your current price and benefits. **Please call LegalShield at 1-888-807-0407** or mail the attached payment form within 45 days of your last date of employment, otherwise your coverage will automatically cancel.

Choosing whether to continue coverage is a personal decision and will depend on your circumstances. Here are a few things to consider:


- Because you are enrolled in LegalShield through a group plan, coverage and pricing are often more favorable than other legal plans you can purchase individually.
- If you do not continue this group coverage within 45 days, you generally cannot re-enroll at the same price and coverage terms later.
- If you choose to continue coverage now, you can cancel at any time in the future.
- Accessing legal guidance independently without a legal plan can be expensive. The average hourly cost of a lawyer is \$300 an hour.*

Area of Law	Cost Per Service
Standard Will Preparation	\$733
Healthcare Power of Attorney	\$183
Landlord/Tenant Dispute	\$3,375
Tax Audit	\$4,350
Rental Agreement	\$762
Debt Collection	\$2,750
Speeding Ticket Assistance	\$325
All services included in your membership	

**Amounts based on average LegalShield Provider Law Firm Rates*

Please contact Customer Care at **888-807-0407** or **memberservices@legalshield.com** with any questions. You can also visit your LegalShield website **shieldbenefits.com/thechristhospital** for more details about your plan.

*Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to PPLSI members through membership-based participation. Average hourly lawyer rate is based on PPLSI's provider law firms lowest and highest hourly rates for the service. The cost savings is the average cost to an employee without a legal plan for the average hours to provide the service. Exact cost are determined by the provider law firm and may vary. All services presented may not be covered by all legal plans. All legal services are provided by the Provider Law Firm and lawyers, not Pre-Paid Legal Services, Inc. ("PPLSI") nor any of its companies. The following items are not included in the legal services plan: any matter or dispute between any Covered Person and PPLSI, a Provider Law Firm, or the Employer; any matter covered by any insurance policy or other legal service plan; employment; patent, trademark, or copyright matters; any matters related to Native or First American tribes or tribal governments; requested service that lacks merit, is frivolous or would violate any ethical rule or law; services outside the 50.

 LegalShield

US

US_BU_LS_NP_FS_EN_Portability_v1_012924



Payment Option Form

Mail this form to LegalShield, along with your check or money order if paying by direct bill or bank draft.

LegalShield • PO Box 2629 • Ada, OK 74821-2629 • 888-807-0407

Member Name _____

Member Number _____

Your Member Number can be found in your account through the website (<https://accounts.legalshield.com/>) or mobile app. If you can't find it, no problem. Give us a call, and we'll handle everything for you.

When you provide a check as payment, you authorize LegalShield to convert the paper check to an electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day payment is received. Your account will be drafted for the same amount each month on or about the effective date of your membership. You waive your right to notification of continued payment. If the amount or date of your payment changes, we will notify you at least 10 days before the payment date.

Please choose one of these convenient payment methods. Please return the entire form.

Pay by Direct Bill

Send your check or money order and list the amount below.

☐ **Semi-annual** \$ _____ ☐ **Annual** \$ _____

Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing. ☐

We accept Visa/Mastercard/Discover/AMEX

☐ **Monthly** \$ _____ ☐ **Semi-annual** \$ _____ ☐ **Annual** \$ _____

Card # _____ **Exp. Date:** _____
(Mo./Yr.) _____

Cardholder Signature: ☒ _____

Pay by Bank Draft

Authorization for Electronic Premium: I authorize LegalShield, to make direct payment by charge/draft of my checking/savings account from the Financial Institution listed below. (This authority will remain in effect until you notify us in writing to terminate the authorization.) I agree that if any charge is dishonored, whether intentionally or inadvertently LegalShield shall be under no liability whatsoever. (Please send a voided check from the account to be drafted.)

Name of Bank (Financial Institution)

Acct. #

City

City Institution Transit #

State _____ **Zip** _____

☐ **Checking Account**
(Attach check from account to be drafted.)

☐ **Monthly Draft Amount** \$ _____

☐ **Savings Account**
(Attach verification.)

☐ **Annual Draft Amount** \$ _____

Signature of Account Holder ☒ _____