

Guaranteed Renewable - Choose Your Own Attorney - No Deductible

# NORTH CAROLINA PREPAID LEGAL SERVICES PLAN

For groups of 10 or more

**\$7.50**  
Monthly

The policy coverage consists of four sections with the **maximum yearly aggregate amounts** shown:

ADVICE AND CONSULTATION	OFFICE WORK	JUDICIAL AND ADMINISTRATIVE	MAJOR LEGAL
\$200	\$600	\$1,200	\$10,000
			80/20 CO-PAY
<ul style="list-style-type: none"> <li>· advice</li> <li>· Interviews</li> <li>· legal questions</li> <li>· consultation</li> </ul>	<ul style="list-style-type: none"> <li>· power of attorney</li> <li>- personal bankruptcy</li> <li>· letter writing</li> <li>· real estate</li> <li>· wills</li> <li>· trusts</li> <li>· separation</li> <li>· domestic</li> <li>· deeds</li> <li>· name change</li> <li>· document examination</li> <li>· negotiation</li> <li>· landlord-tenant</li> <li>· other cases</li> </ul>	<ul style="list-style-type: none"> <li>· alimony</li> <li>-child custody</li> <li>· child support</li> <li>· divorce</li> <li>· adoption</li> <li>· annulment</li> <li>· zoning</li> <li>· traffic</li> <li>· driving under influence</li> <li>· misdemeanors</li> <li>· felonies</li> <li>· drugs</li> <li>· small claims</li> <li>· other cases</li> </ul>	<ul style="list-style-type: none"> <li>· defense expenses in court above judicial and administrative section</li> </ul> <p style="text-align: center; margin-top: 20px;">PLAN PAYS 80%</p>
SERVICES HAVE SCHEDULED MAXIMUM AMOUNTS			EMPLOYEE PAYS THE BALANCE

MAXIMUM AGGREGATE BENEFIT ..... \$12,000 for each insured family per year

Some legal expenses not covered under this plan include:

- business or income producing ventures
- filling out of tax forms
- contingency fee cases
- legal services started while the employee was not covered under this plan
- legal services directed against your employer or your labor union
- estates

**Benefits are not available for real estate transactions and domestic relations cases during the first 180 days of continuous coverage. All services have scheduled maximum amounts; for example, real estate transactions and domestic cases are limited to \$150.00 each annually.**

When Finished, Please send to:  
 Nancy Foster  
 Human Resource Services  
 Founders Hall, ASU  
 Boone, NC 28608



P.O. BOX 2766  
 LENOIR  
 NORTH CAROLINA  
 28645

PAYROLL  
 DEDUCTION  
 AUTHORIZATION

NORTH CAROLINA  
 PREPAID LEGAL SERVICES CORPORATION

1-800-232-4936 Toll Free

PLEASE PRINT - LAST NAME	FIRST NAME	INITIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
AMOUNT	SECTION	
<input type="text"/>	<input type="text"/>	

Please return  
 both forms  
 to Nancy Foster

In connection with my application for benefits through the North Carolina Prepaid Legal Services Corporation, I hereby authorize my employer, as my agent, to deduct the cost (as may be hereafter modified or adjusted) from my wages or salary within the month prior to my effective date of coverage.

INFORMATION CARD TO BE REMOVED BY COMPANY

YOUR SIGNATURE	DATE SIGNED
<input type="text"/>	<input type="text"/>



P.O. BOX 2766  
 LENOIR  
 NORTH CAROLINA  
 28645  
 1-800-232-4936 Toll Free

GROUP  
 ENROLLMENT  
 APPLICATION

NORTH CAROLINA  
 PREPAID LEGAL SERVICES CORPORATION

SOCIAL SECURITY NUMBER	PLEASE PRINT - LAST NAME	FIRST NAME	INITIAL	GROUP NUMBER						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
HOME MAILING ADDRESS				ZIP CODE						
<input type="text"/>				<input type="text"/>						
YOUR BIRTH DATE		SINGLE	MARRIED	SEP-WID-DIV	NAME OF SPOUSE	MALE	BIRTH DATE			
MO	DAY	YEAR	MALE					MO	DAY	YEAR
			FEMALE							
EFFECTIVE DATE		CODE		NAME AND ADDRESS OF YOUR EMPLOYER OR GROUP						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
REP SIGNATURE		REP. NO.	YOUR SIGNATURE			DATE SIGNED				
<input type="text"/>		<input type="text"/>	<input type="text"/>			<input type="text"/>				