INDEPENDENT PLAN APPLICATION

Completed application should be sent directly to Florida Legal Insurance Plan, Inc. by fax, mail or email:
2830 NW 41st Street, Suite H, Gainesville, FL 32606 Toll Free (844) 534-2535 | Fax (352) 376-3760 | info@floridalegalinsurance.com

ONE TYPE OF COVERAGE

Coverage effective dates occur only on the 1st of each month.

SELECT ONE ❑ **NEW Enrollment** ❑ **CHANGE Coverage** ❑ **CHANGE Payment Method**

TWO ENROLLMENT INFORMATION

POLICY TYPE: **Independent** *(An Independent Plan is one purchased directly by the consumer from Florida Legal Insurance Plan and is not made available to consumer by virtue of his/her status as an employee or his/her status as an association member of an organization that sponsors Florida Legal Insurance Plan plans.)*

THREE PERSONAL DATA

APPLICANT (FIRST, MI, LAST NAME) **EMAIL ADDRESS**

SSN **DATE OF BIRTH** **GENDER:** ❑ **Male** ❑ **Female**

MAILING ADDRESS

CITY **STATE** **ZIP**

HOME ❍ **// CELL** ❍ **PHONE** **WORK PHONE**

FOUR COVERAGE OPTION

SELECT ONE ❑ **Single** ❑ **Family*** Complete Section Five – Family Coverage

*** See reverse for definition of family members that qualify for coverage as Eligible Dependents.**

FIVE FAMILY INFORMATION

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

SIX NOTICE OF RATES & PAYMENT METHOD

TYPE(S) RATE(S)	SINGLE ANNUAL PREMIUM	FAMILY ANNUAL PREMIUM	SINGLE MONTHLY PREMIUM	FAMILY MONTHLY PREMIUM
Independent Plan	*$xx savings* $xxx.xx	*$xx savings* $xxx.xx	$xx.xx	$xx.xx

BANK DRAFT OPTION *(For credit card option, see bottom of the application)*	**Account Number**	**Routing Number / 9-digits**
Choose Draft Schedule ❍ **Recurring Monthly** ❍ **Annual (one-time draft)**	**Choose Account Type** ❑ **Checking** ❑ **Savings**	**Bank Name**

BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM:

By signature of this application, you hereby authorize Florida Legal Insurance Plan 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 FLIP receives written notification from you revoking the authorization, subject to the terms and restrictions provided in the Certificate of Coverage. 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 and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.

NOTICE: RETURNED BANK DRAFTS/CHECKS/CREDIT CARD PAYMENTS INCUR $25 FEE

SEVEN SIGNATURE AND AUTHORIZATION

I understand that Florida Legal Insurance Plan ("FLIP") sets forth the terms on my membership, including any exclusions or limitations, and agree to be bound by the same. The Policy for Individual Benefits ("Independent Plan"), Schedule of Benefits, Declarations Page, and 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 those documents. Please honor payment option listed above or below on my account by FLIP to its own order.

Signature **Date**

ID(identification) No.: **Policy No.:** **Effective Date:**

Processed By: **Processed Date:** **Received Date:**

Subenrollment ❑ **Tier** ❑ **Rider** ❑ **ID Codes** ❑ **Email** ❑ **Finance** ❑ **Note** ❑

CREDIT CARD CUSTOMERS PLEASE COMPLETE CREDIT CARD INFORMATION ON THIS FORM:

I hereby authorize Florida Legal Insurance Plan to charge the credit card above for a one-time payment or monthly payment of my premium or due fees, depending on my selection. I certify that I am the authorized holder and signer or have the consent of the authorized holder and signer of the credit card referenced above and that all information above is complete and accurate. I understand that this information will be securely maintained.

CREDIT CARD OPTION	**Payment Schedule:** ❍ **Recurring Monthly** ❍ **Annual (one-time payment)**	**Card Type:** ❍ **Visa** ❍ **MasterCard** ❍ **American Express**
Card Number	**Expiration Date**	