

Continuing Coverage!

If you wish to keep the benefit you are enrolled in after retiring or changing employment, we offer you the opportunity to do so!

What you need to know:

- You have within **45 days of your departure date** to contact us for continuation of coverage.
- Once continuation of your coverage is selected, it does not have a time limitation and can be maintained as long as you wish to keep it!
- Even better, your coverage can remain at the same plan and rate you were enrolled with previously at your prior employer.

How to request "continuation" of your coverage:

- **Option 1**

Contact the Member Services Department by phone or email to speak with a representative who can assist you with keeping your coverage.

Phone: 1-800-654-7757, M-F, 7AM-7PM

Email: memberservices@legalshield.com

- **Option 2**

Complete the payment form on the following page and mail to LegalShield to update the method of payment you should like to use to continue your coverage.

Your member number(s) to use for the form can be found on the home page of your LegalShield web portal using this login page: <https://access.legalshield.com/>.

Mail to:

LegalShield

PO Box 2629

Ada, OK 74821-2629



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

Member Name _____

Member Number _____

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 Funds may be withdrawn from your account as soon as the same day payment is received.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 ten 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 \$ _____ Membership Number: _____

☐ 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: X _____ Membership Number: _____

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)

City

State Zip

☐ Monthly Draft Amount \$ _____

☐ Annual Draft Amount \$ _____

Acct. #

Institution Transit #

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

☐ Savings Account
(Attach verification.)

Signature of Account Holder X _____ Membership Number: _____

Corporate Offices: One Pre-Paid Way • Ada, Oklahoma 74820 • 800-654-7757