



Virginia Beach City Public Schools

City of Virginia Beach

Retiree Enrollment Form

| Primary Member Information |            |                                    |               |
|----------------------------|------------|------------------------------------|---------------|
| Last Name                  | First Name | MI                                 | Date of Birth |
| Address                    |            | Social Security/Employee ID Number |               |
| City                       | State      | Zip                                |               |
| Home Phone                 | Work Phone | Cell Phone                         |               |
| Home/Personal Email        | Work Email | Date of Employment                 |               |

| Dependent Information   |            |    |               |     |              |
|---|------------|----|---------------|-----|--------------|
| Your spouse and eligible dependent children (under 26 years of age) |            |    |               |     |              |
| Last Name   | First Name | MI | Date of Birth | Sex | Relationship |
|   |            |    |               |     |              |
|   |            |    |               |     |              |
|   |            |    |               |     |              |
|   |            |    |               |     |              |

| Enrollment Agreement, Payment Authorization and Law Firm Selection  |  |  |
|---|--|--|
| Yes, I want to enroll in the Legal Resources Plan!  |  |  |
| I understand Legal Resources agrees to provide the covered legal services listed in the Master Plan Contract. I agree to pay the monthly fee, via the method selected below, for a minimum of 12 months. I understand that the monthly fee is due in advance. This annual membership shall renew automatically on the anniversary date, 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 which exceed the amount of monthly fees paid during the term. |  |  |
| All Member fees are paid in advance of coverage period.<br>(Payments processed on the 21st of the month.)<br>I authorize billing for my monthly fee of \$22.00 per month.   | Signature  | Date   |
| COST<br>\$ 22.00 Per Month  | Law Firm Selection or Code →<br>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. | <a href="#">Completing this form on a computer/mobile device?</a><br><a href="#">Click here to access Law Firm Locator Online Search for up-to-date provider list.</a> |
| <b>Choose one</b><br><input type="checkbox"/> Checking  | Account # (or attach a voided check)   | Routing #  |
| <input type="checkbox"/> Credit Card  | Credit Card #  | Exp. Date (mm/yr)  |

**For additional information, please call Legal Resources at 800.728.5768 or visit [www.LegalResources.com](http://www.LegalResources.com)  
Please mail this completed form to Legal Resources.(Fax: 757.498.4114)**

| OFFICE USE ONLY       |              |                 |
|-----------------------|--------------|-----------------|
| EFFECTIVE DATE: _____ | AGENT: _____ | Member ID _____ |