

PRE-PAID LEGAL PLAN

BENEFIT PROVISIONS

Coverage anywhere in the United States

No deductibles

Attorney of your choice

Only \$10 per month per member

BENEFIT

LIFETIME MAXIMUM

Advice and Consultation (non-job related issues except defense of divorce)	\$700
Defense of Misdemeanor Charges (Non-Auto)	\$1200
Defense of Off-Duty Traffic Charges	\$750
Landlord/Tenant Disputes	\$1200
Defense of Lawsuit for the Collection of Debt in Excess of \$2,500	\$1000
Defense of Divorce Proceedings	\$2500
<ul style="list-style-type: none"> Individual-1 year waiting period Group-no waiting period 	

EXCLUSIONS

- Actions or disputes between you and your employer or plan supervisor
- Legal services relating to a business owned or operated by the participant
- Court filing fees, travel expenses, reporters fees, court costs, and other miscellaneous expenses
- Any action which is pre-existing and prior to enrollment

All conditions and exclusions in SPD apply. Certain restrictions apply. See complete plan for details

PLEA:
(248) 588-8989
www.plea.net
P.O. Box 1197
Troy, MI 48099-1197





PLEA PRE-PAID LEGAL ENROLLMENT FORM

☐ \$120.00 Annual ☐ \$60.00 Semi-Annual (\$5.00 service charge per billing)

PLEASE PRINT

Account #/Client Code: _____ **Group Name:** _____

(If not currently a PLEA, Inc. Member, there is a \$25.00 Annual Membership Fee)

Member Name: _____ **Phone:** () _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Social Security# (Last 4 digits):** _____

I hereby apply for enrollment in the PLEA Legal Defense Fund and Participation in the PLEA Trust. I agree to abide by all terms and conditions thereof. I understand that no benefit is in effect until this Enrollment Form is approved by the Plan Administrator.

I understand and agree to the terms and conditions of the PLEA Pre-Paid Legal Program Summary Plan Description.

Signature: _____ **Date:** _____

Please complete & sign this Enrollment Form. Please send your completed Enrollment Form and a check made payable to: PLEA. **Mail to: P.O. Box 1197, Troy, MI 48099-1197. If paying by Credit Card you can send your completed Form by fax to 248-641-8857 or by e-mail to kathyg@plea.net. Any questions, please call 248-588-8989, Ext. 1010 or Ext. 1002. Note: A \$30.00 Fee applies for returned checks. Please note no refunds.**



You may pay by Visa, MasterCard, Discover or American Express by completely filling out the information below:

Name as it appears on your card: _____

Billing Address for credit card (if different from above) _____

Card Number: _____ **CVV2# (last 3 digits on back of card)** _____

Expiration Date: _____

Signature: _____

☐ One-time payment of \$ _____

☐ Recurring payment

By signing above, I agree to the following terms: I agree for The Professional Law Enforcement Association to charge my Visa, MasterCard or Discover to make my entire payment.

Note: You can charge up to the amount shown on the Enrollment Form. The amount will be charged on a regular basis on or about the due date. It is not necessary for the Company to notify me when this is done. Any requirement for giving notice due shall be waived as long as this payment plan is in effect.. No payment or portion thereof shall be deemed to have been paid unless and until the Company received actual payment at its home office. This payment shall in no way alter or amend the provisions of the plan and no one other than the participant and his assignees will have any interest in the plan. This payment plan shall continue in effect until terminated by the Company or by me. In addition the Company may terminate this payment plan immediately if any charge is dishonored upon presentation.