ARAG® Group

Legal Help Enrollment Form

To enroll in or make changes to your group legal plan, complete the following enrollment form. When complete, **mail to**:

Seabury & Smith
Attn: Barbara Manning or
Deborah Weir
4 Parklane Boulevard, Suite 414
Dearborn, MI 48126

Or **fax** this page to Seabury & Smith, Attn: Barbara Manning or Deborah Weir at **313-281-3709**. If you have any questions about the group legal plan or how to enroll, please call Seabury & Smith at 800-525-0517.

Check one: ☐ Enroll in Group Legal Plan Coverage
☐ Cancel enrollment in Group Legal Plan

Last name	First name	Middle Initial
Social Security number	Employer	
Address		
City	State	Zip
Home phone ( )	Work phone ( )	

Application is hereby made for coverage as indicated above, for all persons listed hereon, subject to all terms and conditions of the contract. I understand that coverage will not become effective until the date assigned by the underwriter of the plan.
I certify that all information entered is true. I fully understand the waiting periods and limitation of coverage for which I am applying.

In connection with my application for legal plan benefits, I hereby authorize my employer as my agent to deduct the cost to me for such contract as shown above, and as hereafter be modified or adjusted, from my wages or salary within the month prior to my effective date for the coverage I am electing.

Signature Date

Any person who, with intent to defraud or knowing that he is facilitating against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.