

A NYSCOPBA Exclusive Offering!
Family Legal Protection Plan

Enrollment/Authorization

Fill out this form and mail to:
Creative Solutions Group
1272 West Main Rd. Bldg. 1
Middletown, RI 02842-9911

* Name

* Address

* City

State

Zip Code

* Home Phone

--	--	--	--	--	--	--	--	--	--

* Social Security Number (Required for agency deduction purposes)

* Agency/Facility

**Required information*

**Individual Coverage \$6.00 per payday
includes spouse, dependents, employee's
parents and spouse's parents**

I hereby authorize the New York State Comptroller to deduct from my earnings the amount for legal service coverage that I have selected above. This authorization also allows the New York State Comptroller to make any adjustment deductions necessary in succeeding years, for the purpose of payment of the Family Legal Protection Plan premiums.

I understand that I may revoke this authorization at any time, by providing a written request to my agency payroll office.

Signature

Date

Work Phone

Email Address

This is a summary of the benefits only. Complete benefits and limitations are contained in the written policy and certificate issued by Legal Access Plans, L.L.C. This coverage does not include any dispute or action against your employer. Mail completed authorization to: