

21st CENTURY LEGAL PLAN

11426 238th Street SW
Woodway, WA 98020

COMPLETE THIS ENROLLMENT FORM TODAY



MONTHLY PAYROLL DEDUCTION

EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

(_____)
HOME TELEPHONE NUMBER _____

YES, I AUTHORIZE MY EMPLOYER TO MAKE THE NECESSARY PAYROLL DEDUCTION IN PAYMENT OF THE \$8.00 PER MONTH MEMBERSHIP FEE FOR THIS PLAN.

SIGNATURE: _____

DATE: _____

This authorization is for a 12 month minimum unless I become ineligible.

PRESENT COMPLETED FORM TO EMPLOYER

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