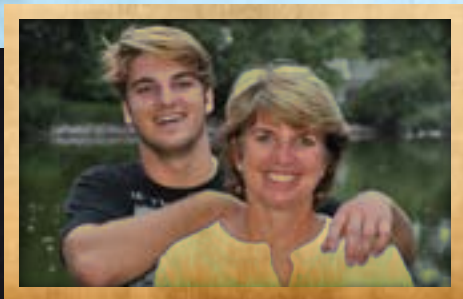




University of Mary Washington

PROTECT YOURSELF AND YOUR FAMILY

Your employer is offering an opportunity to enroll in the Legal Resources® legal plan as part of your benefits. **Don't let this opportunity get away!** Few employee benefits offer so much for so little. As a Legal Resources Member, you'll have immediate and ongoing access to **comprehensive legal coverage, services, and expertise** that will easily save you money – and could save you a whole lot more.



With my 17 year old son just starting to drive, it is very reassuring to know there is someone who can represent him in the event he gets a ticket and needs to go to court. Just knowing I won't have to pay any money up front gives me peace of mind.

Karen V., Legal Resources Member

PEACE OF MIND **FOR ONLY**

\$18.00 PER MONTH
COVERS YOU AND YOUR FAMILY

ENROLLMENT DATES
HOW TO ENROLL

MARCH 1ST - MARCH 22ND

[PAPER FORM](#)

RETURN ALL FORMS TO LEGAL RESOURCES
(SEE INSTRUCTION PAGE)

LEARN MORE



[WATCH OUR VIDEO](#)



[FAQs](#)



[FIND A LAW FIRM](#)



[CONTACT US](#)

LR LEGAL[®] RESOURCES

Relax... you're covered.®

DON'T MISS THIS OPPORTUNITY TO JOIN



I NEED TO TALK TO MY LAWYER.

Should a "situation" arise for you or an immediate family member – a traffic incident, a dispute with a neighbor, or something more serious – being able to say these words can be invaluable.

IF YOU **THINK** YOU HAVE NO USE FOR A LEGAL PLAN, CONSIDER THESE FACTS

According to the American Bar Association, 70% of Americans will have a legal situation this year where they could use the advice of an attorney.

Attorney fees average \$300-400 per hour.

Over 50% of Americans don't have a will.



The manner and professionalism with which I was treated provided me with a sense of trust and security that my legal needs were being handled well. Charlene F., Member since 1998

It's there when situations catch you off guard and you need legal help immediately. It provides a safety net. Juanita W., Member since 1999

It has helped me tremendously and saved me thousands of dollars. I don't know what I would have done without it. Kathleen D., Member since 2008



And you don't have to be "in trouble" to benefit from being a Legal Resources Member. If you take advantage of our will preparation services, or even pick up the phone just once to ask your lawyer about a routine family or traffic matter, your annual membership has more than paid for itself.

These services, and many more, are 100% covered.

HOW MUCH WILL IT COST?

COMMONLY USED LEGAL SERVICES	ATTORNEY FEES WITHOUT THE PLAN*	WITH LEGAL RESOURCES**
Legal Advice and Consultation		
Tenant Dispute with Landlord		
District Court Representation in a Civil Action	\$300-400 per hour	
Review of a Financial Contract or Lease		
Traffic Court Representation (including 1st offense DUI)	\$750-1,500	
Will Preparation	\$500-750 per person	
Uncontested Divorce Representation	\$1,250-2,000	
Uncontested Domestic Adoption (includes name change)	\$1,000-1,500	
Purchase, Sale or Refinance of Primary Residence	\$400-700	
Defense of Child in Juvenile Court (misdemeanor)	\$875-1,500	

*Demonstrates the potential savings the Legal Resources® Plan provides and does not represent actual payments but rather the standard fee or hourly rate an attorney would charge for that service.

**Member responsible for all non-attorney costs (filing fees, fines, court costs, etc.). The Plan covers the individual, spouse, and dependent children under 19 years of age or under 23 years of age if a full-time student. 12 month commitment required.

Please review the Legal Resources® Master Plan Contract for a complete description of all services, limitations, and definition of district court by state PRIOR to enrollment.

FULLY COVERED SERVICES 100% OF ATTORNEY FEES COVERED



General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for covered services.



Wills and Estate Matters

- Will Preparation and Periodic Updates
- Advanced Medical Directive
- Financial Powers of Attorney
- Contingent Trust for Minor Children



Traffic Violations*

- Traffic Infractions and Misdemeanors
- Speeding
- Reckless Driving
- Driving Under the Influence (*1st offense*)



Preparation and Review of Routine Legal Documents

- Unlimited preparation and review of routine legal documents, including, but not limited to, powers of attorney, bills of sale, and affidavits.



Criminal Matters**

- Defense of Misdemeanor
- Misdemeanor Defense of Juveniles (*including 1st offense involving alcohol or illegal drugs*)



Civil Actions*

- Representation as Defendant
- Representation as Plaintiff
- Insurance Matters
- Initial Administrative Hearing (*local government commission or board*)



Family Law

- Uncontested Domestic Adoption
- Uncontested Divorce
- Uncontested Name Change



Real Estate Matters

- Purchase, Sale or Refinance of Primary Residence
- Deed Preparation
- Tenant-Landlord Matters*
- Landlord-Tenant Matters (*includes hour of advice, preparation of late notice, and advice on filing of suit for Landlord*)



Consumer Relations and Credit Protection*

- Warranty Dispute
- Advice, consultation & representation on billing disputes and collection agency harassment



Elder Law Matters

- Estate Advice (*limitations apply*)
- Power of Attorney for the Members' Parents



Identity Theft Assistance

- Prevention Services
- Education Services

Additional Covered Services

Provided at a 25% discount under Expanded Coverage Benefit

- ANY legal need not fully covered***
- Out-of-Network coverage
- PRE-EXISTING LEGAL MATTERS

Non-Attorney Costs

Member is responsible for all non-attorney costs such as filing fees, court costs, fines, etc.

* Lower district court only. Civil claim must exceed \$400. Consult Master Plan Contract for definition of district court by state.

** Lower district court only. Offenses involving illegal drugs, alcohol (except 1st offense DUI), and firearms are covered at 25% discount. Consult Master Plan Contract for definition of district court by state.

*** Employer/employee relations coverage is excluded because employer sponsors the legal plan.

This summary of coverage is intended to provide a broad general overview of plan coverage and is not a contract. Please refer to the Legal Resources Master Plan Contract or our website at www.legalresources.com for a complete description of the legal services provided, as well as the actual terms, coverage, conditions, and exclusions.

HOW IT WORKS

During enrollment, you authorize a low monthly payroll deduction through your employer and choose a law firm from our highly rated network.* Legal Resources will then mail you a Membership ID card with your law firm's contact information.

Once a Legal Resources Member, you call your law firm directly to get legal help. You can also call our Member Services Department, which is staffed by certified paralegals, for coverage or attorney questions.

*Most attorneys in the Legal Resources Network are highly rated in the Martindale-Hubbell® PEER REVIEW RATINGS™. These ratings are peer evaluations of professional ability and ethical standards in the United States. With Legal Resources®, you can trust that you will have a great law firm working for you.



VALUABLE IN SO MANY WAYS.

At Legal Resources, we're thrilled to be able to provide so many people with the extraordinary advantages of having access to a good lawyer – without having to worry about the expense. Just the peace of mind it provides is a huge benefit. And, as many of our Members discover, it's amazing how dramatically a letter sent from a prestigious law firm can influence the outcome, no matter what the situation.

Don't miss this opportunity – enrollment ends soon.

As with your other benefits, the enrollment period is limited. Check with your Benefits Coordinator to make sure you don't miss your deadline; otherwise, you'll have to wait up to another whole year to take advantage of all the services that Legal Resources provides.

Watch our short video online for more details.

© 2012 Legal Benefits Inc., Virginia Beach, VA. Legal Resources® is Legal Benefits Inc. and all its subsidiaries.

PLAN DETAILS

Legal Resources has been providing comprehensive legal services and representation for our Members and their families for over 20 years.

The most often-needed legal services are covered at 100% – that means you, your spouse, and your dependent children (under 19 years of age, or under 23 years of age if a full time student) pay no attorney fees when you use these services.

You select your own law firm from our network of experienced attorneys.

You call your law firm directly to get legal help. You may also call our Member Services Department to ask coverage questions, update your account information, or change your law firm.

The annual cost is less than what you would pay for just one hour of an attorney's time.

The cost of the Plan doesn't change, no matter how often you use it.



Please call our Member Services team with any questions. **We look forward to serving you and your family.**

800.728.5768
LegalResources.com



Relax... you're covered.®

INSTRUCTIONS FOR ENROLLMENT

Please complete and sign the enclosed enrollment form and Payment Authorization Form.

Enrollment form: Fill out this form completely and choose an attorney from the list provided. If no attorney is listed in your area, or you would like Legal Resources to assign an attorney close to your home address, please leave the attorney selection box blank.

Payment Authorization form: State Employees have four (4) payment options available with Legal Resources.

1. **Monthly Automatic Bank Withdrawal:** Select this option on the Payment Authorization Form and either attach a VOIDED check or fill out your bank account name, number, and routing information.
2. **Monthly or quarterly payment by credit/debit card:** Select this option on the Payment Authorization Form. Note the frequency you would like to make payments and include your account number and expiration date.
3. **Annual Advance Payment:** Select this option on the Payment Authorization Form and include either a check for the annual amount (\$18 x 12 months = \$216.00) or include your credit card account number and expiration date for payment.
4. **Payroll Deduction:** Select this option on the Payment Authorization Form and then fill out, sign, and date section 1 of the FBMC "Post-Tax Salary Deduction Authorization" form, attached with this packet. Leave the "Annual Salary" box blank. Please allow 2 months for your coverage to become effective, unless you enclose two months of membership fees (\$36.00) with your application as outlined on the payment authorization form.

Please allow two months to process first payment by payroll deduction (which is why you have enclosed the check for 2 months of fees). Coverage will be effective the month following enrollment.

Please mail or fax your Enrollment Form and Payroll Authorization Form (along with FBMC Post-Tax Salary Deduction Authorization form, if applicable) to your Legal Resources Administrator or your Legal Resources Account Manager.

Your Legal Resources Account Manager is:

Joan Dyer
830 Southlake Blvd., Suite 2B
Richmond, VA 23236
jdyer@legalresources.com
Office: 804-897-1700
Fax: 804-897-1701
Corporate: 800-728-5768



Commonwealth of Virginia

Enrollment Form

Primary Member Information					
Last Name		First Name		MI	Date of Birth
Address				Social Security Number	
City				State	Zip
Home Phone		Work Phone		Cell Phone	
Home/Personal Email		Work Email		Date of Employment	
Employer Name			Agency Code	Employee Identification Number (EIN)	

Dependent Information					
(Your spouse, unmarried children under the age of 19 who reside with you and full-time students up to age 23 qualify as dependents)					
Last Name	First Name	MI	Date of Birth	Sex	Relationship

Enrollment Agreement and Law Firm Selection		
<p>Yes, I want to enroll in the Legal Resources Plan!</p> <p>I understand Legal Resources agrees to provide the covered attorney services as listed in the Master Plan Contract. I agree to pay the monthly fee, through payroll deduction, for a minimum of 12 months. I authorize my employer to deduct the monthly fee from my wages. I understand that the monthly fee is due in advance. This annual membership shall renew automatically on the anniversary date or per my employer's open enrollment policies 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.</p>		
Primary Member Name		Date
Primary Member Signature		
<p>COST \$ 18.00 Per Month Enrollment Fee Waived</p>	<p>Law Firm Selection or Code → 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.</p>	

**For additional information, please call Legal Resources at 800.728.5768 or visit www.legalresources.com
Please mail this completed form to Legal Resources.**

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



State Payment Authorization Form

Member Information				
Last Name	First Name	MI	Date of Birth	
Address		City	State	Zip
Work Phone		Work Email		
State Agency		Agency Code	Employee Identification # (EIN)	

Payment Information		
Method (Select one)	Frequency (Select one)	Account Information
<input type="checkbox"/> Automatic Bank Withdrawal	<input type="checkbox"/> Monthly (\$18)	Attach a voided check or print your information legibly below Routing Number: _____ Account Number: _____
<input type="checkbox"/> Credit/Debit Card (Master Card/Visa)	<input type="checkbox"/> Monthly (\$18) <input type="checkbox"/> Quarterly (\$54)	Account Number: _____ Exp. Date: (mm/yr) ____/____
<input type="checkbox"/> Check	<input type="checkbox"/> Annually (\$216)	Please make check for \$216 payable to Legal Resources
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 2 months of Payments (\$36)	Please fill out FBMC Post-Tax Salary Deduction Authorization form and include a check for \$36 for 2 months of fees during processing.

Payment Authorization		
I authorize Legal Resources, to process my payment in the method and at the frequency I have selected. If I have selected payroll deduction, I will complete the attached salary deduction form.		
Member Name	Member Signature	Date

For additional information, please call Legal Resources at 800-728-5768



Premier Benefits Solutions
 P.O. Box 1878, Tallahassee FL 32302-1878
 Fax 850-514-5803 • Phone 800-872-0345 x 2258

Post-Tax Salary Deduction Authorization

Commonwealth of Virginia Department of Accounts

This multiple use form can be used to: authorize new insurance deductions, report changes to current deductions, certify existing deductions, authorize deductions of administration fees, and/or cancel insurance deductions.

Date: _____ Provider Company: Legal Resources

Agent Code: _____

Agent Name & #: Legal Resources

Agent Phone# 1-800-728-5768

In order for this form to be processed timely, the form must be completed with all requested information. Failure to complete this form will delay the deduction effective date.

Provider Office Use Only	
Authorized by: _____	
Phone Number: _____	
Fax Number: _____	
Policy Effective Date: _____	

Section 1: Participant Information – All employees must complete this section in its entirety.

First Name	MI	Last Name	Annual Salary
Home Address		City	XXXXXXXXXXXXXXXXXX
Home Phone #	Work Phone #	Agency Name	State Zip
Birth Date	Date of Hire	# Pay Period	Agency Code #
		Social Security #	EIN # *

* Contact HR or check the back of your health card for Employee ID #

Section 2: Section 2: Complete this section to add, change or delete payroll deductions. Check the box for each policy number you are updating.

If an employee has more than one policy with a provider and is adding or deleting a policy this section must be completed.

Add	Change	Delete	Benefit	Policy Number	Monthly Deduction	Per Payroll Deduction	Employee Paid Fee	Effective Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Resources		\$18.00	\$9.00	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

I authorize the post-tax salary deductions to be deducted from my net pay each payday and forwarded to FBMC for transfer to the above Provider company. I further acknowledge and authorize the deduction of the stated administration fees as payment for this service. I authorize deduction rate increases or changes as requested by the Provider in accordance with the terms and conditions of my policies. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification to FBMC subject to the terms of the cancellation clause of the policy.

I certify that the deduction amounts were previously authorized and in effect as of _____ (date). The Post-tax salary deductions will continue to be deducted from my net pay each payday and forwarded to FBMC for transfer to the above Provider companies. I further acknowledge and authorize the deduction of the stated administration fees as payment for this service. I authorize deduction rate increases or changes as requested by the vendor in accordance with the terms and conditions of my policies. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification, subject to the terms of the cancellation clause of the policy.

If deleting, I no longer desire to participate in the post-tax salary deduction program. Cancel all Supplemental Insurance Deductions effective _____ (pay-date). I acknowledge the terms of the cancellation clause apply. This SDA form is due to FBMC eight work days prior to the pay date deductions are scheduled to begin.

**

Participant Signature _____ Date _____

Provider Representative Signature _____ Date _____

Total Deduction Amounts	\$
Total Fees	\$



LAW FIRM NETWORK

RICHMOND

0051 BLACKBURN, CONTE, SHILLING & CLICK, P.C.
300 West Main Street
Richmond, Virginia 23220

0138 LANE & HAMNER, P.C.
Rockwood Professional Center
3520 - A Courthouse Road
Richmond, Virginia 23236

HENRICO

0050 CANTOR & CANTOR
5300 Hickory Park Drive
Suite 202
Glen Allen, Virginia 23060

0138 LANE & HAMNER, P.C.
Rockwood Professional Center
3520 - A Courthouse Road
Richmond, Virginia 23236

MIDLOTHIAN

0054 PHILIP L. McDANIEL, ATTORNEY AT LAW
250 Browns Hill Court
Midlothian, Virginia 23114

CHESTERFIELD

0138 LANE & HAMNER, P.C.
Rockwood Professional Center
3520-A Courthouse Road
Richmond, Virginia 23236

ASHLAND/HANOVER

0149 LANE & HAMNER, P.C.
100 England Street
Ashland, Virginia 23005

HOPEWELL

0053 VERGARA & ASSOCIATES
100 Main Street Plaza
Hopewell, Virginia 23860

WEST POINT

0059 HUDSON & BONDURANT, P.C.
826 Main Street
West Point, Virginia 23181

0043 DUSEWICZ, SOBERICK & DECKER, P.C.
2614 George Washington Memorial Highway
Hayes, VA 23072

WILLIAMSBURG

0070 MONTGOMERY, KELLEY & MCKINNON, P.L.C.
5520 Foundation Street
Williamsburg, Virginia 23188

0033 TRACY M. LUCK & ASSOCIATES
3917 Midlands Road, Building 2
Suite 100
Williamsburg, Virginia 23188

CHARLOTTESVILLE

0057 SNOOK & HAUGHEY
408 East Market Street
Suite 107
Charlottesville, Virginia 22902

HARRISONBURG

0146 BOYLE, BAIN, REBACK & SLAYTON
57 South Main Street
Suite 608
Harrisonburg, Virginia 22801

FREDERICKSBURG AREA

0127 JARRELL, HICKS & WALDMAN, P.C.
9064 Courthouse Road
Spotsylvania, Virginia 22553

CULPEPER

0145 BOYLE, BAIN, REBACK & SLAYTON
139 West Davis Street, Suite 200
Culpeper, Virginia 22701