



# 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.

PEACE OF MIND **FOR ONLY**

**\$18.00** PER MONTH  
COVERS YOU AND YOUR FAMILY

ENROLLMENT DATES

EFFECTIVE DATE

HOW TO ENROLL

RETURN FORM TO

**MARCH 9 - 23, 2015**

**5/1/2015**

**PAPER FORM**

**LEGAL RESOURCES**

**SEE INSTRUCTION PAGE**

**LEARN MORE**



**OVERVIEW & MEMBER STORIES**



**FAQs**



**FIND A LAW FIRM**



**CONTACT US**



Relax... you're covered.®

**DON'T MISS THIS OPPORTUNITY TO JOIN**



Legal Resources is an employee benefit that provides **high-quality legal services** to our members, enabling them to lead lives **free of major legal expenses.**

### LOW COST, GREAT VALUE

With Legal Resources, you get **comprehensive** legal coverage on a broad range of services for an **affordable low monthly rate**. There are no co-pays and the cost of the plan does not change, no matter how often you use it.

### FULLY COVERED SERVICES

The most often needed legal services are covered at **100%**. That means you, your spouse and qualifying dependents pay no attorney fees when using these services.

### QUALITY ATTORNEYS

Members have access to a network of top-rated, full-service law firms locally and **over 13,000 attorneys nationwide.**

# HOW MUCH WILL YOU SAVE?

With the average attorney charging \$200-400 per hour, Legal Resources can help you and your family avoid anticipated and unanticipated attorney fees – saving not only money, but valuable time as well.

COMMONLY USED LEGAL SERVICES	WHAT NON-MEMBERS PAY <sup>1</sup>	WHAT MEMBERS PAY <sup>2,3</sup>
Legal advice and consultation	\$200-400 per hour	<b>\$0</b>
Will preparation	\$500-750 per person	
Purchase, sale or refinance of primary residence	\$400-700	
Traffic court representation ( <i>including 1<sup>st</sup> offense DUI</i> )	\$750-1,500	
Uncontested divorce representation	\$1,250-2,000	
Tenant dispute with landlord	\$200-400 per hour	
Uncontested domestic adoption ( <i>including name change</i> )	\$1,000-1,500	
Review of a financial contract or lease	\$200-400 per hour	
District court representation in a civil action	\$200-400 per hour	
Defense of child in juvenile court ( <i>misdemeanor</i> )	\$875-1,500	



# FULLY COVERED SERVICES

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES<sup>2</sup>



## General Advice and Consultation

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



## Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



## Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



## Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



## Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence  
1st Offense



## Real Estate

- Purchase, sale or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



## Elder Law

- Estate advice
- Powers of attorney for members' parents



## Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



## Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



## Criminal Matters<sup>3</sup>

- Defense of misdemeanor
- Misdemeanor defense of juveniles  
Fully covered for first offense involving alcohol or illegal drugs



## Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

This **SUMMARY OF COVERAGE** is intended to provide a broad general overview of plan coverage and is not a contract. Coverage may vary by organization. For specific coverage questions, please call Member Services at 800.728.5768. Member is responsible for all non-attorney costs such as filing fees, court costs, fines, etc.

“ With coverage for teen-age dependents, real estate transactions and other estate/family law matters, this is a 'no brainer.' It's a great value for the peace of mind it provides. ”

Jeffrey L., Plan Member

## YOUR LEGAL NEEDS WILL BE COVERED!

**Don't see your legal need listed? Have a pre-existing matter?**

The Legal Resources Plan covers pre-existing legal matters as well as ANY less commonly needed legal service at a **25% discount**.<sup>4</sup>

# HOW THE PLAN WORKS

- 1 Become a member by authorizing a low monthly payroll deduction through your employer during enrollment.
- 2 Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at [LegalResources.com](http://LegalResources.com) to find a firm near you.<sup>5</sup>
- 3 Receive your welcome kit with member identification cards and information about your law firm.
- 4 Call when you need legal services. Simply say, "I am a Legal Resources member."
- 5 Certified paralegals in our Member Services Department provide you with dedicated, ongoing support and assist you with any coverage or attorney-related concerns.
- 6 If you ever need to transfer to another Plan Law Firm, simply call Member Services.



LEGAL RESOURCES HAS BEEN PROVIDING COMPREHENSIVE LEGAL SERVICES AND REPRESENTATION FOR OUR MEMBERS AND THEIR FAMILIES FOR OVER 20 YEARS.

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

“ With this being my first real job, I felt it worthwhile to have these benefits and couldn't be happier. I venture to say that I use the Legal Resources Plan more than my health care plan. This is the best investment I've made in a long time. ”

Andrew T., Plan Member

## FIND OUT MORE

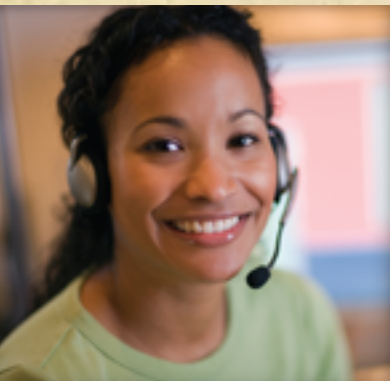
Visit our website for a more complete description of the Legal Resources Plan and all of the services we provide. There, you will find attorney profiles and a Law Firm Finder, which will direct you to law firms convenient to your home or work.

QUALITY

VALUE

SERVICE

PEACE OF MIND



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

800.728.5768

LegalResources.com

 legalresources

 legal\_resources



Relax... you're covered.®

1 Demonstrates the potential savings the Legal Resources Plan can provide and does not represent actual payments but rather an average standard fee or hourly rate a network attorney would charge for that service.

2 Member is responsible for all non-attorney costs such as filing fees, fines, court costs etc. The Plan covers the individual, spouse and qualifying dependents. 12 month commitment required. Courtroom representation, when necessary, is fully covered through General District Court for claims in excess of \$400. The definition of General District Court may vary by state.

3 Offenses involving illegal drugs, alcohol (except 1st offense DUI) and firearms are covered at a 25% discount.

4 Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.

5 Timing of selection may vary based on your location or your employer's enrollment procedures.

## 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 A  
Richmond, VA 23236  
[jdyer@legalresources.com](mailto:jdyer@legalresources.com)  
Office: 804-897-1700  
Fax: 804-897-1701  
Corporate: 800-728-5768



# University of Mary Washington

## 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</p> <p>\$ 18.00 Per Month</p> <p>Enrollment Fee Waived</p>	<p>Law Firm Selection or Code →</p> <p>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](http://www.LegalResources.com)**  
**Please mail this completed form to Legal Resources.**

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



## Commonwealth of Virginia 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: _____ Signature: _____
<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) ____/_____ Cardholder Name: _____
<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 elected above. If I have elected payroll deduction, I will complete the attached salary deduction form. I understand that ACH or Credit/Debit Card payments occur on or before the 21 <sup>st</sup> of the month prior to coverage and that membership fees are always due in advance of coverage period.		
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.

<b>Provider Office Use Only</b>
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 XXXXXXXXXXXXXXXXXX	
Home Address			City		State	Zip
Home Phone #		Work Phone #		Agency Name		Agency Code #
Birth Date	Date of Hire		# Pay Period	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"/>						
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<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 \_\_\_\_\_

<b>Total Deduction Amounts</b>	<b>\$</b>
<b>Total Fees</b>	<b>\$</b>