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.

**$18.00 PER MONTH**

COVERS YOU AND YOUR FAMILY

**ENROLLMENT DATES**

MARCH 9 - 23, 2015

**EFFECTIVE DATE**

5/1/2015

**HOW TO ENROLL**

PAPER FORM

LEGAL RESOURCES

SEE INSTRUCTION PAGE

**LEARN MORE**

OVERVIEW & MEMBER STORIES

FIND A LAW FIRM

FAQs

CONTACT US

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.

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**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.

<table>
<thead>
<tr>
<th>COMMONLY USED LEGAL SERVICES</th>
<th>WHAT NON-MEMBERS PAY</th>
<th>WHAT MEMBERS PAY</th>
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<tbody>
<tr>
<td>Legal advice and consultation</td>
<td>$200-400 per hour</td>
<td>$0</td>
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<tr>
<td>Will preparation</td>
<td>$500-750 per person</td>
<td>$0</td>
</tr>
<tr>
<td>Purchase, sale or reinance of primary residence</td>
<td>$400-700</td>
<td>$0</td>
</tr>
<tr>
<td>Traffic court representation <em>(including 1st offense DUI)</em></td>
<td>$750-1,500</td>
<td>$0</td>
</tr>
<tr>
<td>Uncontested divorce representation</td>
<td>$1,250-2,000</td>
<td>$0</td>
</tr>
<tr>
<td>Tenant dispute with landlord</td>
<td>$200-400 per hour</td>
<td>$0</td>
</tr>
<tr>
<td>Uncontested domestic adoption <em>(including name change)</em></td>
<td>$1,000-1,500</td>
<td>$0</td>
</tr>
<tr>
<td>Review of a financial contract or lease</td>
<td>$200-400 per hour</td>
<td>$0</td>
</tr>
<tr>
<td>District court representation in a civil action</td>
<td>$200-400 per hour</td>
<td>$0</td>
</tr>
<tr>
<td>Defense of child in juvenile court <em>(misdemeanor)</em></td>
<td>$875-1,500</td>
<td>$0</td>
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</table>
FULLY COVERED SERVICES
LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES

### HOW THE PLAN WORKS

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

### FULLY COVERED SERVICES

- **General Advice and Consultation**
  - Unlimited in-person or telephone advice and consultation for fully covered services

- **Family Law**
  - Uncontested domestic adoption
  - Uncontested divorce
  - Uncontested name change

- **Elder Law**
  - Estate advice
  - Powers of attorney for members’ parents

- **Criminal Matters**
  - Defense of misdemeanor
  - Misdemeanor defense of juveniles

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

- **Traffic Violations**
  - Speeding
  - Reckless driving
  - Driving under the influence

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

- **Preparation and Review of Routine Legal Documents**
  - Unlimited pages and occurrences

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

- **Consumer Relations and Credit Protection**
  - Warranty disputes
  - Billing disputes
  - Collection agency harassment

- **Identity Theft**
  - Prevention assistance
  - Education services
  - Identity recovery assistance

### 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**.

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.
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 J., 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.

We look forward to serving you and your family.

Please call our Member Services Department with any questions.

800.728.5768
LegalResources.com

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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
Office: 804-897-1700
Fax: 804-897-1701
Corporate: 800-728-5768
University of Mary Washington

Enrollment Form

<table>
<thead>
<tr>
<th>Primary Member Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
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<tr>
<td>Address</td>
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<tr>
<th>Dependent Information</th>
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</thead>
<tbody>
<tr>
<td>(Your spouse, unmarried children under the age of 19 who reside with you and full-time students up to age 23 qualify as dependents)</td>
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<tr>
<td>Last Name</td>
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<tr>
<th>Enrollment Agreement and Law Firm Selection</th>
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<tbody>
<tr>
<td>Yes, I want to enroll in the Legal Resources Plan!</td>
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<tr>
<td>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.</td>
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<tr>
<td>Primary Member Name</td>
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<tr>
<th>Cost</th>
<th>Law Firm Selection or Code</th>
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</thead>
<tbody>
<tr>
<td>$18.00 Per Month</td>
<td>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.</td>
</tr>
</tbody>
</table>

For additional information, please call Legal Resources at 800.728.5768 or visit www.LegalResources.com

Please mail this completed form to Legal Resources.

EFFECTIVE DATE: ___________________________  AGENT: ___________________________  Member ID ___________________________
# Commonwealth of Virginia
## Payment Authorization Form

### Member Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Work Phone</th>
<th>Work Email</th>
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<tr>
<th>State Agency</th>
<th>Agency Code</th>
<th>Employee Identification # (EIN)</th>
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### Payment Information

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<tr>
<th>Method (Select one)</th>
<th>Frequency (Select one)</th>
<th>Account Information</th>
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<tr>
<td></td>
<td></td>
<td>Attach a voided check or print your information legibly below</td>
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</table>

- **Automatic Bank Withdrawal**
  - Monthly ($18)
  - Routing Number: __________________________
  - Account Number: __________________________
  - Signature: ________________________________

- **Credit/Debit Card (Master Card/Visa)**
  - Monthly ($18)
  - Quarterly ($54)
  - Account Number: __________________________
  - Exp. Date: (mm/yr) ________/__________
  - Cardholder Name: __________________________

- **Check**
  - Annually ($216)
  - Please make check for $216 payable to Legal Resources

- **Payroll Deduction**
  - 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 21st of the month prior to coverage and that membership fees are always due in advance of coverage period.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member Signature</th>
<th>Date</th>
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For additional information, please call Legal Resources at 800-728-5768

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The Legal Resources Master Plan Contract is licensed by LEGAL RESOURCES OF VIRGINIA, INC.
2877 Guardian Lane, Suite 101, Virginia Beach, VA 23452
Section 1: Participant Information – All employees must complete this section in its entirety.

First Name MI Last Name
Home Address City State Zip
Home Phone # Work Phone # Agency Name Agency Code #

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: ______________________________
Agent Code: ___________________________________________________________________
Agent Name & #: __________________________________________________________________
Agent Phone# __________________________________________________________________

Provider Office Use Only

Authorized by: _____________________________
Phone Number: ____________________________
Fax Number: ______________________________
Policy Effective Date: ________________________

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.

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 to FBMC subject to the terms of the cancellation clause of the policy.

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.

<table>
<thead>
<tr>
<th>Ad</th>
<th>Change</th>
<th>Date</th>
<th>Benefit</th>
<th>Policy Number</th>
<th>Monthly Deduction</th>
<th>Per Payroll Deduction</th>
<th>Employee Paid Fee</th>
<th>Effective Date</th>
</tr>
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<tbody>
<tr>
<td>☑</td>
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<td>☐</td>
<td>Legal Resources</td>
<td></td>
<td>$18.00</td>
<td>$9.00</td>
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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 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, 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.

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