



Legal Solutions by GE Employee Enrollment Form

Mail completed form to:

Benefit Solutions
P.O. Box 4448
Carol Stream, IL 60197

To enroll, follow these simple steps.

- Fill out Enrollment Form.
 - To avoid enrollment delays, please print clearly.
 - Be sure to check the appropriate boxes for the Plan Level you are selecting.
- Submit the completed Enrollment Form to the plan representative in charge of enrollment.

PART 1: Employer Information

Employer Name

Employer Number

PART 2: Employee Information

Last Name: *(please print)*

First Name

MI

Date of Birth (MM, DD, YY)

Home Address

City

State

ZIP Code

Phone

Fax

E-mail

Company Name

Date Hired (MM, DD, YY)

Do you choose to enroll?

Yes

No

Select Plan Level:

Individual Plan

Family Plan

PART 3: Family Plan Dependent Information

Eligible dependents include your spouse and child(ren) who meet the requirements of Legal Solutions by GE. To be covered you must register each dependent you intend to include in your membership.

1. Last Name

First Name

MI

Relationship

Date of Birth (MM, DD, YY)

