

Please take a few minutes to ensure continuing coverage of your LegalGUARD Plan.

This letter contains important information regarding the termination LegalGUARD coverage. As of **your termination date**, your legal insurance coverage will be terminated. This termination of coverage is based on one of the following criteria from the Group Policy:

- “Coverage provided to the Member shall terminate upon the first of the following to occur:
- a. Cancellation or termination of this Contract;
 - b. If applicable, the Member fails to re-enroll;
 - c. The Member is no longer associated with Policyholder; or
 - d. The Member fails to remit plan fees when due, subject to the grace period.”

You have the option of portability and continue your current LegalGUARD coverage at the same premium rate. Our portability terms are as follows:

“The Member may continue this contract by electing the option of portability when the Member no longer qualifies as an employee of the Policyholder or as a Member of the group to which this Contract is issued. The Member must apply for portability within sixty (60) days of this disqualifying event and make arrangements for payment. Portability coverage will take effect, subject to payment of the initial plan fees, as of the date the Member’s coverage under this Contract terminates.”

You have **60 DAYS** to fill out and return the Portability Form on the following page. If you are currently involved in a legal matter and choose to not continue coverage, you will be responsible for any and all fees incurred with your attorney on any work completed on and after **your termination date**.

If you have any questions or concerns regarding your LegalGUARD coverage or portability, please contact Member Services at 1(888) 416-4313 between 7:00AM and 7:30PM, CST.



Portability Form

Please mail or fax this form to:

LegalEASE – LegalGUARD
5151 San Felipe, Suite 2300
Houston, TX 77056
Fax: 1-888-665-0920

Member Name: First_Name: _____ ; Last_Name: _____

Member ID Number: _____

Member Termination Date: _____

Mailing Address (Required):

City: _____

State: _____ Zip: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Billing Address (Required):

☐ Same as Mailing Address

City: _____

State: _____ Zip: _____

Select one:

☐ Automatic Credit Card Payments
Billed Monthly at \$«Premium»**

☐ Automatic Deduction from a Checking Account:
Monthly Payments of \$«Premium»**

Name on Credit Card: _____

Card Type: ☐ Visa ☐ MC ☐ AMEX

Account Number: _____

Expiration Date: _____ / 20_____

Name on Check: _____

Routing Number: _____

Checking Account Number: _____

Bank Name: _____

****PLEASE ENCLOSE A VOIDED CHECK****

Signature: _____

REQUIRED

Date: _____

****Please note that any missed premiums will be taken on the first deduction to bring your account current. There must not be a lapse in premium in order to continue coverage.**