

**Enrollment Application For:**

**Members of ABATE of Maryland, Inc.**



**CONFIDENTIAL**

**Sponsored by Stahl and Block, LLC.**

ORGANIZATION: **ABATE of Maryland, Inc.**

SOCIAL SEC. NO.: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ INIT. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPOUSE (Full Name): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**DEPENDENTS** (Use back of form for additional dependents)

(1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (3) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(2) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (4) \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby apply for enrollment in the **UNITED LEGAL BENEFITS** ("ULB") legal services plan. I have received a copy of the Plan Agreement ("Agreement") and understand the coverages, exclusions, limitations, and other provisions of the plan.

I understand and agree that the Agreement shall be effective upon the acceptance of this application (the "Commencement Date"). Through my credit card, **I agree to pay the monthly fee for twelve (12) months.**

I understand and agree that if this Agreement is canceled prior to the one-year anniversary of the Commencement Date for any reason, I will be liable to ULB for the balance of monthly fees due for the remainder of the twelve (12) month period. ULB shall be entitled to reasonable attorneys' fees and/or collection expenses to enforce the Agreement.

I understand that payment is due in advance and that if ULB does not receive payment within ten (10) days from the due date, ULB has the right to cancel the Agreement and shall have no further obligations to me.

I represent that all of the information furnished by me is true and correct and acknowledge that any pre-existing litigation, court proceedings, or other legal actions by or against any person covered by the Agreement shall not be covered, except as expressly provided in the Agreement.

**This Agreement shall automatically renew annually** on the anniversary of the Commencement Date unless ULB is notified in writing thirty (30) days prior to any such date.

**MONTHLY FEE \$15.00**

**AGREEMENT ACCEPTANCE – CREDIT or DEBIT CARD PAYMENT:**

VISA  MASTERCARD  DEBIT CARD  Monthly  Quarterly  Annually

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Location of Stahl and Block Office (see listing)

**PLEASE MAIL OR FAX THIS COMPLETED APPLICATION TO THE FOLLOWING ADDRESS**  
**United Legal Benefits, LLC**

1400 Front Avenue, Suite 204, Lutherville, MD 21093

Tel: 410.769.9770 • Fax: 410.769.9713

Email: info@unitedlegalbenefits.com

www.unitedlegalbenefits.com

# **STAHL & BLOCK, LLC LOCATIONS**

## **Main Office- Owings Mills**

5 Park Center Court  
Suite 301  
Owings Mills, Maryland 21117

### **Annapolis Office**

8 West Street  
2<sup>nd</sup> Floor  
Annapolis, Maryland 21401

### **Baltimore Office**

9 West Mulberry Street  
Suite 400  
Baltimore, Maryland 21201

### **Timonium Office**

9515 Deereco Road  
Suite 800  
Timonium, Maryland 21093

### **Towson Office**

408 Allegheny Avenue  
2<sup>nd</sup> Floor  
Towson, Maryland 21204

### **Westminster Office**

15 E. Main Street  
Westminster, Maryland 21157