

CSEA LEGAL SERVICES PLAN Enrollment From	Date	Last 4 Digits of Member Social Security Number: _____	Enrollment Date <i>(CSEA use only)</i>
Member Name		Dependent	
Street Address		Street Address	
City		City	
County		County	
Phone No.			
Relation to Member: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
CSEA Legal Services Plan Options: <i>(please circle one)</i> Charter Superior Extra Advantage <i>Note: Membership is effective 7 days after enrollment</i>		Charges <i>Return this form with direct payment to:</i> CSEA Legal Services Plan 143 Washington Ave. Albany, NY 12210 TOTAL: \$ _____	