

**CSEA LEGAL SERVICES PLAN
ENROLLMENT FORM**

Date

10-digit CSEA ID Number:

Enrollment Date

(CSEA use only)

Member Name

Dependent

Street Address

Street Address

City

State

Zip

City

State

Zip

County

County

Phone No.

Relation to Member: _____self _____spouse _____dependent

CSEA LEGAL SERVICES PLAN OPTIONS: *(Please circle one)*1. Plan Option: **Charter Superior Extra Advantage***Note: Membership is effective 7 days after enrollment.***CHARGES**

Return this form with direct payment to:

CSEA Legal Services Plan

143 Washington Ave., Albany, NY 12210

TOTAL: \$ _____