



Legal Plan Application

Select your billing preference:

\$180/annually \$99/every six months

Applicant Information

Full Name _____

Home Address _____

City/State _____ Zip Code _____

Cellphone _____ E-mail _____

Employer _____

Job Title _____

Applicant Signature _____

Return completed form via US mail or email to:

770 N. Church Rd.
Unit H
Elmhurst IL, 60126

info@icops.org

Mail check payable to "ICOPS" to the above address in the amount based on your billing preference selected above.