



THE VERITAS LEGAL PLAN

This service plan provides participants with an attorney's services for representation in defense of a credit card/debt collection matter, up to and including all pre-trial motions and hearings and trial if necessary. There is no coverage for vacating a judgment; counter, cross or third party claims; bankruptcy; any action arising out of family law matters, including support and post-decree issues; tax agency debt collection; foreclosure; repossession; third party costs, court costs or filing fees.

Participant is purchasing a non-refundable contractual obligation contract for which Veritas Assurance Group agrees to provide coverage for all attorney fees related to the representation of the Participant in the defense of future creditor lawsuits for non-payment of scheduled unsecured debts. Scheduled unsecured debts are those debts which are listed below in the List of Creditors.

Once the down payment has been received for this service, Participant benefits cover all attorney fees for Network Attorney to represent the Participant in court, including the filing of answers, pleadings and representation at hearings or trial. Participant benefits apply to legal action related to those accounts listed below. This agreement applies to those creditors and those creditors only.

Veritas Assurance Group does not represent Participant related to any debts that Participant has not listed and for which Veritas Assurance Group has not approved coverage. Veritas Assurance Group shall retain an attorney to defend Participant related to the accounts in this Agreement.

BENEFITS AT A GLANCE

BENEFITS: Covers in full attorney's fees to defend a lawsuit filed by a creditor or any of their successors related to a scheduled unsecured debts and covers work with Client/Debt Settlement Company to facilitate a settlement related to scheduled unsecured debts.

EXCLUSIONS: Any ongoing litigation or legal action which is filed within 14 days after date of the first payment receipt is excluded.

LIMITS: No plan limits, no deductible, no co-pay.

TERM: Contract is annual, after 12 months, it is month to month.

FEES: Fees paid are non refundable. If you cancel & wish to re-enroll, enrollment charges may apply.

THIRD PARTY COSTS: Third party costs, court costs and filing fees are not covered; members are responsible for such fees.

RESPONSIBILITIES: Summons must be electronically submitted to 888-774-4271 FAX within 7 days of receipt.

ENROLLMENT FEE: Enrollment fees vary depending on state, check with your referring company for details.

MONTHLY FEE: \$30 Minimum includes up to 5 accounts. Each additional account is \$5 per account.

NOTE- Your monthly fees are based on total debts enrolled at time of enrollment and will not decrease as you settle your debts or decrease the number of debts.

Applicant: I understand that this written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same.

X _____ Date: _____

Signature of Applicant

Legal services are offered by Hyatt Legal Plans, Inc., a MetLife Company, Cleveland, Ohio. In certain states, legal service benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island.



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MEMBER INFO

ENROLLMENT DATE: _____ / _____ / _____

MEMBER NAME: _____

MEMBER SOCIAL SECURITY NUMBER: _____ - _____ - _____

CO-SIGNOR NAME: _____

CO-SIGNOR SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS: _____ CITY _____ STATE _____

ZIP _____ PHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

REFERRING DEBT SETTLEMENT COMPANY: _____

FIRST DRAFT DATE: _____ ENROLLMENT AMOUNT: \$ _____

MONTHLY DRAFT \$ _____ (\$30 First 5 accounts + \$5 ea additional account)

DATE OF RECURRING (monthly) DRAFT: _____

*BANK NAME: _____

*ROUTING #: _____ *ACCOUNT #: _____

ADDITIONAL INFO: _____

DRAFT AUTHORIZATION:

I, _____, have read and agree to the terms of this contract & authorize Veritas Assurance Group to draft my enrollment & monthly member fees as described above until cancelled by either party.



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LIST OF CREDITORS

CREDITOR: _____
CARDHOLDER: _____
ACCOUNT NUMBER: _____
BALANCE: _____
MONTH DEFAULTED: _____

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CARDHOLDER: _____
ACCOUNT NUMBER: _____
BALANCE: _____
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CLIENT ACKNOWLEDGMENT/AUTHORIZATION

I, _____, hereby authorize Veritas Assurance Group to retain an attorney from the Hyatt Legal Plan network to provide covered legal services to represent my interests and defend me related to any of the accounts listed on my application for the Veritas Legal Plan.

Client Name

Date