



LEGAL
RESOURCES™

Subscriber Survey

Name: _____
Please print

Employer: _____

TELL US HOW WE'RE DOING . . .

Please take a moment and complete this satisfaction survey. Our Plan is only as good as the legal services you receive. Please return this survey to your Benefits Administrator. Thank you for taking the time to complete the survey.



Questions?

Call us at:
(757) 498-1220
(800) 728-5768

Please Circle

1. Have you contacted your Plan Attorney in the last 12 months?

Yes

No

3. The legal services you received normally would have cost:

\$100-\$300

\$300-\$600

\$600-\$1000

over \$1000

2. Your legal need was processed:

Over the Phone

Office Appointment

4. My law firm is:

5. My legal need was: Advice & Consultation Will Real Estate Family Law
 Other _____

6. Overall, how satisfied were you with your law firm?

Very Satisfied

Satisfied

Dissatisfied



7. How satisfied were you with the law firm's:

legal services provided?



courtesy/professionalism?



timeliness of service?



8. How likely would you be to renew your legal benefit coverage?

Would

Would Not



9. I would recommend our Legal Resources Plan to other employees



Com-
ments: _____

I like my legal plan benefit because:

More on Back

Have you moved? Help us to update our records.
NEW ADDRESS _____
CITY _____ STATE _____
ZIP _____ PHONE () _____

I am pleased with my Legal Resources Plan and consent to Legal Resources in using my comments and name in any testimonial.
Subscriber Signature _____ Date _____



Visit us on our website: www.legalresourcesplan.com