



Legal Plan Application

Please fill out the form below.

Full Name

Home Address

City / State

ZIP

Telephone

Email Address

More Information

Employed by

Your Title

Signature

Mail completed form to:

***ICOPs
770 N. Church Road
Unit H
Elmhurst, IL 60126***

***For immediate coverage, enclose a check for \$90
payable to ICOPs with this application.***

Call ICOPs Toll-Free / 24 Hours: 1-800-832-7501