



PLAN APPLICATION

Crete Carrier Corporation

Hunt Transportation, Inc.

PLEASE PRINT

DRIVER _____
First MI Last

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () - SOCIAL SECURITY # (Last 4 Digits) _____

CELL PHONE _____ E-MAIL ADDRESS _____

DRIVER'S LICENSE NUMBER _____ STATE _____

DATE OF BIRTH _____

SELECT COVERAGE:

* EFFECTIVE DATE STARTS WITHIN THE NEXT TWO PAY PERIODS.

☐ **Driver Only: \$2.98/weekly**

I hereby apply to participate in DRIVERS LEGAL PLAN and AUTHORIZE Crete Carrier Corporation / Hunt Transportation, Inc. to deduct from my earnings and compensation, including but not limited to, accrued and unused vacation or Paid Time Off, the necessary plan fee as set forth above to be paid to DRIVERS LEGAL PLAN or its designate. I hereby authorize Drivers Legal Plan to employ any attorney to represent me, and sign my name, with my full authority and discretion to resolve any matter in connection with any and all traffic tickets and/or DataQ challenges I may have. In order to fulfill my obligation under the Federal Motor Carrier Safety Regulations §383.31 and my employer/participating company's safety policy, I hereby authorize Drivers Legal Plan to communicate with my employer/participating company regarding my case. I also understand that if I am no longer employed by, leased to, or affiliated with this participating company, my participation will be cancelled. This authority is to remain in effect until revoked by me in writing.

X Signature of Driver/Employee _____ Date _____

Return to Crete Carrier Corporation Payroll/Benefits Department

400 NW 56th Street

Lincoln, NE 68528

Email: benefits@cretecarrier.com

Fax: 402-479-2579