

For HR use only
Effective Date _____

COUNTRYWIDE

PRE-PAID LEGAL SERVICES, INC.

ENROLLMENT FORM

Please check the following Plan Benefit Options you elect to enroll

SECTION 1 (LEGAL PLAN)

SECTION 2 (IDENTITY THEFT PLAN)

<input type="checkbox"/> Group Legal Plan Payroll Deduction: \$3.45 per week includes spouse and dependents up to the age of 26 at no additional cost. ALSO COMPLETE SECTION 3,4 & 5 BELOW	<input type="checkbox"/> Platinum ID Theft & Credit Monitoring Plan Payroll Deduction: \$2.76/person/week *After your enrollment has been processed, you will be receiving an email from Countrywide Pre-Paid Legal Services from Membership@Countrywideppls.com to activate your ID Theft and Credit Monitoring Plan. If you don't activate your ID Theft and Credit Monitoring Plan you will not receive any of the benefits. Benefits under the ID Theft Plan are not enabled upon enrollment . Member must take action to activate this protection. You can contact Countrywide at Membership@Countrywideppls.com or call 800-550-5297 for assistance in activating your plan	Check one coverage level for ID Theft Plan ONLY <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Dependent(s) (over age 18) <input type="checkbox"/> Employee + Spouse + Dependent(s)(over age 18) ALSO COMPLETE SECTION 3,4 & 6 BELOW
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SECTION 3

Employer:		Job Title:	
Employee Name:			
Home Phone:		Work	Cell Phone:
Current address:			County:
City:		State:	ZIP Code:
Date of Birth:		E-mail:	

SECTION 4

SPOUSAL INFORMATION

Name:		
E-mail:		Employer:
Cell Phone:	Date of Birth:	Job Title:

SECTION 5

DEPENDENT INFORMATION

Name:		Date of Birth:
Name:		Date of Birth:
Name:		Date of Birth:

SECTION 6

ID THEFT AND CREDIT MONITORING- ADDITIONAL FAMILY MEMBERS THAT I WILL ENROLL (OVER AGE 18):

Spouse Name:		E-mail:
Name:		E-mail:
Name:		E-mail:
Name:		E-mail:

SIGNATURES

I have received the descriptive material for the pre-paid legal services and/or the ID Theft and Credit Monitoring Plans and chose to enroll in my selection above. Countrywide Pre-Paid Legal Services, Inc. may not cancel either plan or my membership without prior written notice to me. I understand that this plan will remain in effect until written notice is provided to Countrywide Pre-Paid Legal Services, Inc. I authorize my employer to deduct \$3.45/week for the Group Legal Plan and/or \$2.76/person/week for the Platinum Identity Theft & Credit Monitoring Plan from my paycheck for the payment of service plan fees, which will be forwarded to Countrywide Enterprises, Inc. (The amount of the deduction from each paycheck will be influenced by the frequency of payroll, whether you are paid weekly, semi weekly, bi-monthly).

Employee Signature:		Date:
Enroller:		Date: