

For HR use Only

Effective Date \_\_\_\_\_



# Enrollment Form

## Section 1: Plan Selection (Please check the following benefit options you elect to enroll.)

Legal Plan	Identity Theft & Credit Monitoring Plan
Legal Plan: \$ / per	\$ / per person / per
<i>This benefit extends to you, your spouse or domestic partner, and dependents up to the age of 26 years old.</i>	<b>Select one coverage level for Identity Theft &amp; Credit Monitoring Plan Only</b>  Employee Employee + Spouse Employee + Dependent(s) over the age of 18 Employee + Spouse + Dependent(s) over the age of 18  <i>After your enrollment has been processed, you'll receive activation emails from <a href="mailto:membership@countrywideppls.com">membership@countrywideppls.com</a> to activate your identity theft protection plan. You must activate your plan to access any of the plan benefits, as they won't be enabled automatically. If you do not activate your identity theft plan you will not receive any of the benefits. For assistance, contact Membership Services at 1-800-550-5297.</i>

## Section 3: Employee Information

Employer:		Job Title:
Employee Name:		
Home Phone:	Work Phone:	Cell Phone:
Current Address:		
City:	State:	Zip:
Date of Birth:	Email:	

## Section 4: Spousal Information

Name:		
Email:		Employer:
Cell Phone:	Date of Birth:	Job Title:
Phone:	Email:	

## Section 5: Dependent Information

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

## Section 6: For Identity Theft & Credit Monitoring Plans Only Additional Family Members That I Will Enroll (Over Age 18)

Spouse Name:	Spouse Email:
Name:	Email:
Name:	Email:
Name:	Email:

## Signatures

I have received the descriptive material for each plan and choose to enroll in my selection above. IDIQ® Pre-Paid Legal Services<sup>SM</sup> may not cancel my membership without prior written notice to me. I understand that this plan will remain in effect until written notice to cancel is provided to IDIQ Pre-Paid Legal Services. I authorize my employer to deduct from my paycheck for the payment of service plan fees, which will be forwarded to IDIQ. (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: