



LegalShield



IDShield

Enrollment Form

Employee information

Please type or print

NAME _____

ADDRESS _____

WORK PHONE _____ CELL/HOME PHONE _____

LAST 4 SSN _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

SPOUSE _____ DOB _____

DEPENDENT(S)

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

PLAN SELECTION

☐ IDSHIELD & LEGAL PLAN – FAMILY ☐ IDSHIELD & LEGAL PLAN – INDIVIDUAL

☐ LEGAL PLAN-FAMILY/INDIVIDUAL

☐ IDSHIELD – FAMILY ☐ IDSHIELD – INDIVIDUAL

SIGNATURE _____ *Date*

I AUTHORIZE _____ (employer) TO DEDUCT _____ /MONTH/PAYPERIOD