



Identity Theft Protection Plan Enrollment Form

Member Information				
Last Name	First Name	MI	Date of Birth	
Address		City		State
Phone				
Email where you would like to receive communication from Legal Resources (this is where we will send the link to complete your online profile)			Email (Please print legibly; personal email preferred)	
Plan Sponsor (employer)			Effective Date	
Identity Theft Protection Plan Selection: Please circle your preferred identity protection plan below.				
<p>Yes, I want to enroll in identity protection coverage provided by Legal Resources. I agree to pay the monthly fees via payroll deduction through my employer. I authorize my employer to deduct the monthly fees from my wages. This annual membership shall renew automatically on the anniversary, or per my employer's open enrollment policies, unless Legal Resources is notified thirty (30) days prior to the expiration date. I understand that an email will be sent on the effective date of coverage to the address provided to activate online profile monitoring and that identity protection coverage begins on my effective date regardless of whether the online profile has been completed.</p>				
Employee Name		Employee Signature		Date