

**ID Theft Assist**  
**ENROLLMENT FORM**

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Apt:/Suite \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_

If we need to contact you, which of the following or both would you rather we use:

Phone

Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Type of Plan:**

\_\_\_ Individual      \_\_\_ Family  
    **\$89 annually**      **\$99 annually**

\_\_\_\_\_  
Signature

Family members eligible for coverage are your spouse or domestic partner, children age 21 and under living with you or children age 25 and under that are full-time students, and parents living with you.

Coverage will begin the first of the month following receipt of this enrollment form and will continue for one year.