For HR use Only
Effective Date _____

IDIQ®

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:** $ 3.40 / per week	☐ **Secure Pro+** $ 5.52 / per person / per biweekly
☐	☐ **Secure Plus+** $ 3.96 / per person / per biweekly
This benefit extends to you, your spouse or domestic partner, and dependents up to the age of 26 years old.	**Select One Coverage Level For Identity Theft & Credit Monitoring Plan Only** ☐ Employee ☐ Employee + Spouse ☐ Employee + Dependent(s) over the age of 18 ☐ Employee + Spouse + Dependent(s) over the age of 18 *After your enrollment has been processed, you'll receive activation emails from membership@countrywideppls.com to activate your identity theft & credit monitoring 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 & credit monitoring plan, you will not receive the benefits. For assistance, contact Membership Services at **1-800-550-5297**.*

Section 2: Employee Information

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

Section 3: Spousal Information

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

Section 4: Dependent Information

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

Section 5: For Identity Theft & Credit Monitoring Plans Only Additional Family Members Who 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℠ 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:

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