

Identity Theft Program

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____

Billing Address _____

Enrollment Date _____ Email address _____

Effective Date _____ Total Number of Eligible Employees _____

Please Check One:

EMPLOYER PAID Please remit 1st monthly payment along with this form and a complete census. If you can, please email the census using the file format provided. Email to census@legalclub.com

QUOTED RATE: _____ (per employee per month)

VOLUNTARY

QUOTED RATE: _____ (per employee per month)

Payroll Deduction Yes No

We have chosen Legal Club as our Identity Theft program provider. All restoration services are provided by NIDR. Identity Theft Insurance* is underwritten by AISLIC, (American International Specialty Lines Insurance Company), a member company of American International Group, Inc.

We have chosen not to include identity theft insurance (AIG) coverage

*Identity theft insurance no longer available in New York.

Authorized Signature: _____ Title _____

Agent Use Only

Agent Name: _____ (print or type) Phone _____ Email _____

Agency Name: _____ Agent # _____

Agent Signature: _____ Date _____