



Corporate Offices: One Pre-Paid Way • Ada, OK 74820

www.LegalShield.com • 800-654-7757

LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

All employees are required to make an election for the company paid Identity Theft/Credit Monitoring program, IDShield (Individual IDShield or Family IDShield). This form should be completed even if you are not electing enrollment for LegalShield.

EMPLOYEE BENEFIT MEMBERSHIP

Effective Date:

(first of the month following start date)

____ MM ____ DD ____ YYYY

Plan Options:

- Legal Only - \$8.54/pay period
- Legal + Home Base Business - \$15.44/pay period
- Individual IDShield – Employer Paid
- Family IDShield – Employer Paid

Personal Information

The information you provide on this application is considered non-public information; and LegalShield / IDShield takes care to protect your information.

Employee's SSN: _____ - _____ - _____

Employee's DOB:

____ MM ____ DD ____ YYYY

Employee's Name:

Last First MI

Employee's Email:

Personal Email Address

Employee's Address:

Street address Apt.# / Ste. #

City State Zip + 4

Employee's Phone #:

(____) _____ (____) _____ (____) _____
Business Home Cell

Spouse's Name:

Last First MI

Spouse's Email:

Personal Email Address



Dependent Information

If you have five (5) or more dependent children, please attach a separate piece of paper.

Name: _____ DOB _____ / _____ / _____
Last First MI MM DD YYYY

Name: _____ DOB _____ / _____ / _____
Last First MI MM DD YYYY

Name: _____ DOB _____ / _____ / _____
Last First MI MM DD YYYY

Name: _____ DOB _____ / _____ / _____
Last First MI MM DD YYYY

Name: _____ DOB _____ / _____ / _____
Last First MI MM DD YYYY

COMPLETE THIS SECTION IF ENROLLING IN LEGALSHIELD

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **In OR**, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I understand the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand the company will send me the membership contract within the next 14 days. If I have not received my contract within that time frame, I understand it is my responsibility to call LegalShield to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, or representations other than as set forth herein and in the membership contract.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application, I certify I am legally residing in the United States and agree to the above Authorization of Payment and membership fees selected above.

Employer: Victory Capital Management

Signature of Applicant: _____

Date: _____