



Benefit Application

\$10 Enrollment Fee Waived

Employee Information

Please Print

Today's Date ____/____/____
Month Day Year

SSN# ____-____-____

Name Last _____

First _____ Initial _____

Mailing

Address Apt/House # _____

Street _____

City _____

State ____ Zip ____/____

Employee

Date of Birth ____/____/____
Month Day Year

Spouse Last _____

First _____ MI _____

Work Phone _____

Home Phone _____

Email _____@_____

Enrollment Information will be reviewed/entered by IBen
Please Complete Highlighted Areas

\$5.93 per week, Legal & Identity Theft + Child IDT

\$3.63 per week, Legal only

\$3.45 per week, Identity Theft only + Child IDT

Signature of Applicant **X** _____

Dependents

_____/____/____
Last / First / MI Date of Birth

_____/____/____
Last / First / MI Date of Birth

_____/____/____
Last / First / MI Date of Birth

Payroll Deduction Authorization

I hereby authorize my Employer, _____, City _____, State, _____, to deduct \$ _____ per week from my earnings for my Legal Shield employee benefit and to remit such amount directly to Legal Shield. I agree that my employer will not be responsible or liable for my decision to purchase the Legal Shield benefit or the services provided through my benefit and that my employer's sole responsibility is to withhold and pay my benefit fee to Legal Shield.

Print Name _____ SSN ____-____-____

Date ____/____/____ **Applicant Signature X** _____
Month Day Year