



Privacy Armor

Provided by Info Armor

Membership Election Form

Privacy Armor Identity Theft Protection Service Includes:

- ✓ SNAPD^{2.0} Identity Monitoring
- ✓ Credit Armor
- ✓ Internet Surveillance
- ✓ Digital Identity
- ✓ Wallet Armor
- ✓ Privacy Advocate Remediation
- ✓ Identity MD
- ✓ \$25,000 ID Theft Insurance Policy
- ✓ Solicitation Reduction

Select Coverage Level

- Employee Only** - \$7.95 per month
- Employee + Family** - \$13.95 per month

Primary Account Holder Information

Print Name: _____ Phone: _____

Address: _____ City/State/Zip _____

Email: _____ Gender: M F

DOB: _____ Social Security Number: _____

Signature: _____ Date: _____

Note: By signing this form, you authorize monthly payroll deductions in the amount indicated above. Additionally, you represent that you have the authority to enroll those dependents indicated below in Privacy Armor services.

Dependents (Required if Employee + Family coverage is selected)

Spouse Name: _____ Gender: M F DOB: _____ SSN: _____

Dependent Name: _____ Gender: M F DOB: _____ SSN: _____

Dependent Name: _____ Gender: M F DOB: _____ SSN: _____

Dependent Name: _____ Gender: M F DOB: _____ SSN: _____

Please return this form to your HR Team.

