

LegalShield / IDShield Benefit Election // Premium Deduction Authorization Form

I _____, as an employee of **Black Hawk County**, have received information on and have been offered the opportunity to elect LegalShield and IDShield as payroll deducted employee benefits:

IDShield

(Plan covers: member, spouse, dependent never-married children up to age 26 at home or college)
✓ Includes Monitoring for All ID sources including Social Media, **High Risk account monitoring**; Consultation, 24/7 emergency, Pre-existing matters, **\$1 million insurance policy**, direct access to Licensed Investigators fully restore all issues to pre-theft status ... and more. **New in 2019**

LegalShield

(Plan covers: member, spouse, dependent never-married children up to age 26 at home or college)
✓ Includes Legal Consultation on unlimited number of issues, Letters and phone calls made for me, document review (15 pgs), estate planning including Will preparation with annual updates, traffic moving violations, IRS audit, trial defense if I am sued, uncontested – divorce, separation, adoption or name change, 25% discount on choice issues, 24/7 Emergency calls.

(Monthly Pay-period deductions)

- _____ I have decided to enroll in **LegalShield** ----- Individual \$16.95 Family \$18.95
- _____ I have decided to enroll in **IDShield** ----- Individual \$8.95 Family \$18.95
- _____ I have decided to enroll in **BOTH** ----- Individual \$25.90 Family \$33.90
- _____ I have decided **Not** to participate at this time

Required: My Name _____ Last 4 Digits _____ DOB _____
 Spouse Name _____ DOB _____
 Child/Dependent Name _____ DOB _____
 Child/Dependent Name _____ DOB _____
 Child/Dependent Name _____ DOB _____

Use Back side for additional dependents

Residential Address:

 Phone _____
 Email _____
 (Required for IDShield)

Sign: _____ Date: _____