

Identity Theft Protector Plan Enrollment Form

Name of group: Central Union High School District

Effective Date of Coverage: October 1, 2018

Employee (last name, first name, middle initial): _____

Please print

Employee ID (not SS) # _____ Date of birth (month/date/year): _____ Gender: Male Female

- Type of coverage selected: (check one box only)
- employee only \$12.00 (tenthsly)
 - employee and one dependent \$12.00 (tenthsly)
 - employee and children \$12.00 (tenthsly)
 - employee and family \$12.00 (tenthsly)

NOTE: All services are provided on a family basis except for credit monitoring, which is provided for the subscriber and any joint accounts. You will receive a Welcome Kit in the mail after enrolling for this protection. Please register your dependents online following the instructions included in this Kit.

Address	City	State	Zip Code

Work email address: _____

I authorize the above amount to be deducted from my payroll tenthsly:

Employee Signature: _____

Please return this form to the Payroll/Benefits Department (Jesus Bedolla).