

# Membership Election Form

<input type="checkbox"/> Employee	\$
<input type="checkbox"/> + Family	\$

## PRIMARY ACCOUNT HOLDER

Legal Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See reverse side to add dependents »

**NOTE:** By signing this form, you represent that you have the authority to enroll those dependents indicated below in ID Watchdog services and you further agree to ID Watchdog's Terms and Conditions which can be found at <http://idwatchdog.com/terms.php>. Please see your HR department for changes or coverage options when employment ends.

**IMPORTANT MESSAGE.** If all fields are not completed, employees and/or dependents will not be enrolled with ID Watchdog. By enrolling your dependents, you understand and agree that if you do not provide all information you will be charged the full cost of the ID Watchdog service through your elected method of payment, and that you will not be entitled to a refund for such payments. Credit report and scores and monthly score tracker are only available to the employee and spouse on the family plan.

**DEPENDENTS**

**Spouse/Domestic Partner Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Dependent 1 Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Dependent 2 Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Dependent 3 Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Dependent 4 Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Dependent 5 Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Dependent 6 Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      **Secondary Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_