



Enrollment Form Fax to: 1.866.422.0428

- 1) Complete the initial Enrollment Form to include the Signature Page
- 2) Give the member their copy of the Benefit Summary Guide and Terms & Conditions
- 3) Fax the completed Enrollment Form including the Signature Page to the fax number above
- 4) The Primary Member will receive a Welcome Email allowing them to access their dashboard, activate their Total Identity Monitoring and add family members if applicable

**Primary Member**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_

<p><b>Offline Services Include:</b></p> <ul style="list-style-type: none"> <li>Total Identity Monitoring</li> <li>Fully Managed Resolution Service</li> <li>ID Theft Expense Reimbursement</li> </ul> <p><b>Family plans</b> may include the primary member, a spouse/significant other, and up to 4 dependents under the age of 18.</p>	<p style="text-align: center;"><b>Select a Plan</b></p> <p style="text-align: center;"><i>Platinum</i></p> <p>Individual <input type="radio"/> \$ 6.95 MO      <input type="radio"/> \$ 74.95 Annually</p> <p>Family <input type="radio"/> \$ 12.95 MO      <input type="radio"/> \$ 138.95 Annually</p> <p>Employee <input type="radio"/> INDV      <input type="radio"/> Family \$ 63.95 Annually</p>	<p>Annual payment plans receive a 10% discount off of the regular monthly rate!</p>
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**Select a Payment Method (if applicable)**

<p><b>Credit Card</b></p> <p> <input type="checkbox"/> Visa           <input type="checkbox"/> Master Card           <input type="checkbox"/> Discover           <input type="checkbox"/> American Express       </p>	<p><b>-OR-</b></p>	<p><b>Bank Draft</b></p> <p>Type of Acct    Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>
Name on Card _____		Routing Number _____
Card Number _____		Acct Number _____
Expiration Date ____/____ (CVC/CVV) _____		
Billing Address (if different than above) _____		
City _____	State _____	Zip Code _____

## Signature Page

**All information is required. Any incomplete enrollment forms will not be accepted.**

**By signing below, I accept the Terms & Conditions and Privacy Policy of Secure Identity Systems, LLC and agreed to be billed the selected amount (if any) on a monthly or annual basis, whichever may apply:**

- **Members must activate their registration by accessing their dashboard with the temporary password included with their Welcome Email**
- **Welcome Emails are sent from [noreply@secureidentitysystems.com](mailto:noreply@secureidentitysystems.com)**
- **Please contact support to have the Welcome Email re-sent.**
- **Terms & Conditions and our Privacy Policy are included and can be found online at**

**<https://www.totalidentitymonitoring.com/web/Home/Privacy>  
[www.totalidentitymonitoring.com/web/Home/Terms](https://www.totalidentitymonitoring.com/web/Home/Terms)**

**Signature \_\_\_\_\_**

**Date \_\_\_\_\_**