

Hard copy applications must be received by the 20th of the month prior to the benefit effective date.

SERVICE FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus [™]
LifeLock Identity Alert® System®	✓	✓
Dark Web Monitoring	✓	✓
LifeLock Privacy Monitor™	✓ ‡	✓
Address Change Verification	✓	✓
Lost Wallet Protection	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Arrest and Court Records Alerts	✓	✓
Data Breach Notifications	✓	✓
Credit Card, Checking & Savings Acct Activity Alerts [†]	✓ ‡	✓
Checking and Savings Account Application Alerts [†]		✓
Bank Account Takeover Alerts ⁺		✓
Investment Account Activity Alerts [†]	✓	✓
Three-Bureau Credit Monitoring ^{1,2}		✓
Three-Bureau Annual Credit Reports & Credit Scores¹ The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score so acceptance.		✓
One-Bureau Monthly Credit Score Tracking ¹ The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		~
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Support		✓
U.SBased Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement*	Up to \$1 Million	Up to \$1 Million
Personal Expense Compensation*	Up to \$1 Million	Up to \$1 Million
Coverage for Lawyers and Experts*	Up to \$1 Million	Up to \$1 Million

EMPLOYER NAME:

BENEFIT SELECTION:

LifeLock Benefit Elite	Biweekly Rate
Employee Only [18 and over]	\$3.92
○ Employee + Family**	\$7.84

LifeLock Ultimate Plus	Biweekly Rate
Employee Only [18 and over]	\$11.76
C Employee + Family**	\$23.53

PRIMARY ACCOUNT HOLDER: Complete and accurate information is required to enroll for LifeLock. All fields are required.

Location:	Name: _						
Email:			Other				○Work ○Other
Address:	City:			State:	_ Zip:		
DOB:/ Gender: OMale OFemale	SSN:			_ Employee ID:			
Signature:				_ Date:			
NOTE: By signing this form, you represent that you have the authority to enroll those depende on behalf of yourself and any other members of your family you are enrolling as indicated below DEPENDENTS:* If selecting coverage for dependents, proceedings of the content of the c	w. Please see y	your HR depa	artment for the car	ncellation policy or a co			www.lifelock.com/terms
Spouse/Domestic Partner Name:							
Dependent Name:	DOB:	/		SSN:		_ -	
Dependent Name:	DOB:			SSN:			
Dependent Name:	DOB:			SSN:			
Dependent Name:	DOB:			SSN:	==		

No one can prevent all identity theft. *Network does not cover all transactions.** Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior® service. Enrollment in LifeLock service is limited to employees and their eligible dependents. LifeLock Junior membership is available as an added membership to an adult LifeLock plan.

*Credit reports, scores and credit monitoring may require an additional verification process and credit services will be withheld until such process is complete. A reduced service fee will be charged until you verify your identity.

*Stolen Funds Reimbursement and Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy insurance Company. Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty insurance Company. Under the Service Guarantee LifeLock will spend up to \$100,000 for Advantage membership, up to \$100,000 for Benefit Elite membership (up to \$1 million for Benefit Elite membership beginning January 1, 2017), and up to \$1 million for Ultimate Plus membership. Please see the policy for terms, conditions and exclusions at LifeLock com/legal.