



SECURUS ID VOLUNTARY EMPLOYEE BENEFIT MEMBERSHIP FORM

PAYROLL DEDUCTION AUTHORIZATION

Personal Information

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Enrollment Information

Identity Theft Plan Selection – PRICE INCLUDES 40% GROUP DISCOUNT

Please circle one plan choice only

- CORE Elite \$14.99 – Individual / \$29.99 – Family
- CORE Comprehensive \$8.99 – Individual / \$17.99 – Family
- CORE Essential \$ 4.99 – Individual / \$ 7.99 – Family

Payroll Deduction Authorization

I hereby authorize (Company Name) _____

to deduct \$_____ per (circle one: week / month / other _____) from my earnings for my Securus ID identity theft plan membership OR membership plan upgrade and to remit such amount directly to Securus ID. I agree that the company will not be responsible or liable for my decision to purchase the Securus ID membership or other services provided through my membership and that the company's sole responsibility is to withhold and pay my membership fee to Securus ID. I understand that my plan will become effective on the date chosen by the company and I am responsible to activate my account through the Securus ID membership portal provided to me on the effective date.

Signature of Applicant _____ Date _____