



Identity Theft Protection – Change/Cancellation Form/Termination Form

Change to Information

Name Change: From: _____ To: _____

Address Change: _____

Add Spouse: Name: _____ Date of Birth: _____

Delete Spouse: Name: _____ Date of Birth: _____

Add Minor Children*: Name: _____ Date of Birth: _____

(Up to age 18 – Limited to four)

Name: _____ Date of Birth: _____

Delete Minor Children: Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Effective Date of Change: _____

Cancellation of Coverage/Termination of Employment:

_____ I would like to continue my Identity Theft coverage. Send information to the following address:

_____ I would like to cancel my Identity Theft coverage through LegalShield.

Employee Name: _____

Spouse Name: _____

Minor Children Name(s): _____

Effective Date of Cancellation: _____

C#: _____

Phone #: _____

Signature _____

Date _____

This form must be returned to your regional Human Resources department. If you are cancelling your coverage, deductions will stop at the end of the pay period for the date listed, or as soon as administratively practical if returned after payroll has run for the date listed. Any refund in premium is done through LegalShield.

***If you are adding minor children to your coverage for the first time, the new premium will take effect the pay period for the date listed, or as soon as administratively practical if returned after payroll has run for the date listed.**