

For HR use only  
Effective Date \_\_\_\_\_

# COUNTRYWIDE

PRE-PAID LEGAL SERVICES, INC.

## ENROLLMENT FORM

Please check the following Plan Benefit Options you elect to enroll

### SECTION 1 (LEGAL PLAN)

### SECTION 2 (IDENTITY THEFT PLANS)

☐ **Group Legal Plan**  
Payroll Deduction: **\$3.18** per week  
includes spouse and dependents up to  
the age of 26 at no additional cost.  
  
**ALSO COMPLETE SECTION 3,4 & 5  
BELOW**

☐ **Premier/Protect Pro ID Theft Plan**  
Payroll Deduction: \$2.53/person/week

**Check one coverage level for ID Theft Plan ONLY**

- ☐ Employee  
☐ Employee + Spouse  
☐ Employee + Dependent(s) (over age 18)  
☐ Employee + Spouse + Dependent(s)

**ALSO COMPLETE SECTION 3,4 & 6 BELOW**

### SECTION 3

Employer:

Job Title:

Employee Name:

Home Phone: (       )

Work

Cell Phone: (       )

Current address:

County:

City:

State:

ZIP Code:

Date of Birth:

E-mail:

### SECTION 4

#### SPOUSAL INFORMATION

Name:

E-mail:

Employer:

Cell Phone: (       )

Date of Birth:

Job Title:

### SECTION 5

#### DEPENDENT INFORMATION

Name:

Date of Birth:

Name:

Date of Birth:

Name

Date of Birth:

### SECTION 6

#### ID THEFT AND CREDIT MONITORING- ADDITIONAL FAMILY MEMBERS THAT I WILL ENROLL (OVER AGE 18):

Spouse/Domestic Partner Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

### SIGNATURES

I have received the descriptive material for the pre-paid legal services and/or the ID Theft and Credit Monitoring Plans and chose to enroll in my selection above. Countrywide Pre-Paid Legal Services, Inc. may not cancel either plan or my membership without prior written notice to me. I understand that this plan will remain in effect until written notice is provided to Countrywide Pre-Paid Legal Services, Inc. I authorize my employer to deduct \$3.18 per week for the Group Legal Plan and/or \$2.53/person/week for the Premier/Protect Pro ID Theft Plan from my paycheck for the payment of service plan fees, which will be forwarded to Countrywide Enterprises, Inc. (The amount of the deduction from each paycheck will be influenced by the frequency of payroll, whether you are paid weekly, semi weekly, bi-monthly).

Employee Signature:

Date:

Enroller:

Date: