



# Privacy Armor

Provided by Info Armor

## Membership Election Form

### Privacy Armor Identity Theft Protection Service Includes:

- ✓ SNAPD<sup>2.0</sup> Identity Monitoring
- ✓ Credit Armor
- ✓ Internet Surveillance
- ✓ Digital Identity
- ✓ Wallet Armor
- ✓ Privacy Advocate Remediation
- ✓ Identity MD
- ✓ \$25,000 ID Theft Insurance Policy
- ✓ Solicitation Reduction

### Select Coverage Level

- Employee Only** - \$8.95 per month
- Employee + Family** - \$14.95 per month

### Primary Account Holder Information

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Gender: M F

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** By signing this form, you authorize monthly payroll deductions in the amount indicated above. Additionally, you represent that you have the authority to enroll those dependents indicated below in Privacy Armor services.

### Dependents (Required if Employee + Family coverage is selected)

Spouse Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Please return this form to JM Marketing:**

Email: [info@jminsuredirect.com](mailto:info@jminsuredirect.com) Fax: (816) 841-3790

