



**ID Shield**  
**ENROLLMENT FORM**

**Coverage Type:**

- Single**  
 **Family**

*Cost Per Month: Single \$8.95 - Family \$18.95*

**Employee:**

<b>Name (Last, First, M.I):</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Email Address:</b>	
<b>Home Address:</b>	
<b>City, State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>

**Dependent Information:**

<b>Name (Last, First, M.I)</b>	<b>Gender: M F</b>	<b>Birthdate:</b>	<b>Social Security No.</b>

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

For additional information, please visit HR website at <http://www.udmercy.edu/faculty-staff/hr/benefits/index.php>

Forms can be submitted via email to [benefits@udmercy.edu](mailto:benefits@udmercy.edu)