



ID Shield / LegalShield

ENROLLMENT FORM

Enrollment Type: Single [] Family []

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

Employee:

Form with fields for Name, Social Security Number, Date of Birth, Gender, Home Address, City/State, Zip Code, Home Phone, and Work Phone.

Dependent Information:

Table with 4 columns: Name (Last, First, M.I), Gender (M/F), Birthdate, and Social Security No. Multiple rows for dependent entries.

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 fax to 313-993-1015 or emailed to hr@udmercy.edu.