



ID Shield
ENROLLMENT FORM

Coverage Type:

☐

Single

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Family

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

Employee:

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

Dependent Information:

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

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