



**LEGAL SHIELD & ID SHIELD ARE VOLUNTARY BENEFITS
AVAILABLE TO ALL EMPLOYEES**

CITY OF
LOGANSPORT, INDIANA
————— *Where two rivers meet* —————

LegalShield & ID Shield benefits are payroll deductible and can include family members, see details below. Plan options start at \$4.13 per pay period.

Please contact our rep Vicki Shipp at 260-580-2636 with questions.

**It's to Your Benefit! If you can answer YES to any of the following questions,
YOU can benefit from an ID Shield or LegalShield membership.**

Have you ever.....

- Had a situation with Identity Theft?
- Wanted advice on a credit matter?
- Thought about writing or revising your Will? (No additional fee for members)
- Received a traffic ticket?
- Wanted to have a contract reviewed before signing?
- Purchased a home?
- Paid a bill you thought was unfair?
- Been in a separation or divorce?
- Had a problem with child support or visitation rights?
- Had difficulty collecting on an insurance claim?
- Signed a lease you would like to change?
- Needed assistance in dealing with the purchase of a new car?
- Had questions on guardianship responsibilities for your children?

Payroll Deductible – Locked-in Rate – No Contracts

For a low monthly fee, the LegalShield & ID Shield Plan covers:

- You as the member
- Your spouse or significant other
- Any never married dependent children under 26 living at home
- Any never married dependent children under 18 for whom you are a legal guardian
- Any never married dependent children under 26 who are full time college students
- Any physically or mentally challenged child living at home regardless of age



Have You Ever

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?

- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$1 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price <small>(per pay period)</small>	Individual Price <small>(per pay period)</small>
LegalShield	\$8.75	\$7.82
IDShield	\$8.75	\$4.13
Combined	\$15.65	\$11.95

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

Prepared for: City of Logansport

For more information, contact your Independent Associate:

Vicki Shipp
vshipp@grouplegal.biz
260-580-2636.....call or text



Dependent Information

If you have more than five (5) dependents, please

attach a separate piece of paper.

Name _____	_____	_____	DOB ____/____/____
Last	First	MI	MM DD YYYY
Name _____	_____	_____	DOB ____/____/____
Last	First	MI	MM DD YYYY
Name _____	_____	_____	DOB ____/____/____
Last	First	MI	MM DD YYYY
Name _____	_____	_____	DOB ____/____/____
Last	First	MI	MM DD YYYY
Name _____	_____	_____	DOB ____/____/____
Last	First	MI	MM DD YYYY

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. In FL, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. In NJ, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. In OR, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. In TN, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I agree the contract sets forth the terms of my membership. Such terms include any exclusions and limitations. I agree to be bound by the contract, and its terms and conditions, which will be provided to me by LegalShield, unless I cancel the contract, which I may do at any time by calling 1-800-654-7757. LegalShield may send the contract to me at my email address unless I communicate in writing that I do not agree to delivery by electronic means. If I have not listed an email address, or if required by a particular state, the contract will be sent by mail. My membership cards will be sent by mail. I may ask for a mailed copy of the contract at any time, or if I have not received my contract in 10 days from this application, I can request a copy by calling Member Services at 1-800-654-7757. The contract, with this application, is the entire agreement between LegalShield and me with respect to the membership and there are no agreements or representations other than as set forth herein and in the membership contract.

I acknowledge that I purchased this membership plan in the city of _____ in the state of _____.
By signing this application I confirm I am legally residing in the United States and agree to the below Payroll Deduction Authorization, the membership fees selected below, and the terms of the selected membership plan.

Employer City of Logansport, IN **Occupation** _____
Signature of Applicant X



Payroll Deduction Authorization

Today's Date ____/____/____ **Applicant's SSN** _____
MM DD YYYY For Internal Use Only

Applicant's Name _____
Last First MI

I hereby authorize (Company Name) City of Logansport, IN

Logansport IN to deduct \$
City State

per (Circle one: week / month / other _____) from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. I agree that the company will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that company's sole responsibility is to withhold and pay my membership fee to LegalShield.

Signature of Applicant X