



Have You Ever



- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Been denied a warranty or insurance claim?
- Been overcharged or had a billing dispute?
- Purchased or leased a home?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?
- Been involved in a data breach?
- Had someone commit tax or employment fraud in your name?
- Had your driver's license or medical information stolen/used?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal or business issues
- **Letters/Calls** made on your behalf (initial letter or call on an unlimited basis)
- **Contracts/Documents** Reviewed up to 10 pages per document
- **Will Preparation** Last Will and Testament (for the named member)
- **Moving Traffic Violations** (must be on the road legally) 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)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, and other matters outside of normal coverage)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **High Risk Application and Transaction Monitoring** We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- **Dark Web Monitoring** Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- **Username/Password (Credential) Monitoring** This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- **Identity Threat & Credit Threat Alerts** You'll receive a threat alert if your PII is found.
- **\$1 Million Protection Policy** Offers coverage for lost wages, legal defense fees, stolen funds and more.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **24/7 Emergency Access** We're here 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 (pay period)	Individual Price (pay period)
LegalShield	\$15.95	\$15.95
IDShield	\$15.95	\$ 8.45
Combined	\$28.90	\$24.40

Prepared for: CompanyName Here, <https://customurlwithpriceinfohere.com>

For more information, contact your Independent Associate:

Brian Emett
 City of Spokane
 BrianEmett@gmail.com
 253-376-9899 Cell

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 23 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. 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.

2 Dependent Information

If you have more than five (5) dependents, please attach a separate piece of paper.

Name	Last	First	MI	DOB	MM / DD / YYYY
Name	Last	First	MI	DOB	MM / DD / YYYY
Name	Last	First	MI	DOB	MM / DD / YYYY
Name	Last	First	MI	DOB	MM / DD / YYYY
Name	Last	First	MI	DOB	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 understand the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand the company will send me the membership contract within the next 14 days. If I have not received my contract within that time frame, I understand it is my responsibility to call LegalShield to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, or representations other than as set forth herein and in the membership contract.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application I certify I am legally residing in the United States and agree to the above Authorization of Payment and membership fees selected above.

Employer City of Spokane **Occupation** _____

Signature of Applicant X

3 Payroll Deduction Authorization

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

Applicant's Name Last _____ First _____ MI _____

I hereby authorize (Company Name) _____

City _____ State _____ to deduct \$.

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