



## Benefit Election / Premium Deduction Authorization Form

I \_\_\_\_\_, as an employee of Topeka & Shawnee County Public Library, have received information on and have been offered the opportunity to elect IDShield as payroll deducted employee benefits:

### IDShield

Includes Monitoring for All ID sources including Social Media, Consultation, Restoration, 24/7 emergency access, Pre-existing, Complete restoration service Guarantee, Immediate access thru included IDShield App.

Benefits are effective \_\_\_\_\_

(Pay Period)

\_\_\_\_\_ I have decided to enroll in 1 Bureau IDShield  Individual \$4.48  Family \$9.48

\_\_\_\_\_ I have decided to enroll in 3 Bureau IDShield  Individual \$ 6.98  Family \$13.98

\_\_\_\_\_ I have decided **Not** to participate at this time

Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Spouse Name \_\_\_\_\_

Child/Dependent Name \_\_\_\_\_ DOB \_\_\_\_\_

Child/Dependent Name \_\_\_\_\_ DOB \_\_\_\_\_

Child/Dependent Name \_\_\_\_\_ DOB \_\_\_\_\_

Child/Dependent Name \_\_\_\_\_ DOB \_\_\_\_\_

Child/Dependent Name \_\_\_\_\_ DOB \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_