

ENROLLMENT FORM

Identity Theft Protection



MAIL THIS FORM TO:
 City Employees Club of Los Angeles
 311 S. Spring St., Suite 1300
 Los Angeles, CA 90013-9844

Subscriber Information: (all fields required)

Existing Club Member -or- New Club Member

Legal Last Name		Legal First Name	Social Security No.
Subscriber's Primary Address - LINE 1		Subscriber's Primary Address - LINE 2 (i.e. Apartment, Suite, etc.)	
City		State	Zip
E-mail address*	<input type="radio"/> Yes, please send me e-mail updates.	Phone (home)	Date of Birth (MM/DD/YY)
<input type="radio"/> City employee #	City department #	<input type="radio"/> DWP employee #	<input type="radio"/> Retired City Employee <input type="radio"/> Retired DWP Employee
How many dependents do you have?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> more	Sex: <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Married <input type="radio"/> Single

* The email address you provide will help us communicate with you regarding updates and benefits that may become available to you. Your e-mail address will be used solely by InfoArmor and the City Employees Club and will not be distributed to others.

Dependent Information: (all fields required)

Legal Last Name	Legal First Name	Social Security No.
E-mail address*	Phone (home)	Date of Birth (MM/DD/YY)
Legal Last Name	Legal First Name	Social Security No.
E-mail address*	Phone (home)	Date of Birth (MM/DD/YY)
Legal Last Name	Legal First Name	Social Security No.
E-mail address*	Phone (home)	Date of Birth (MM/DD/YY)
Legal Last Name	Legal First Name	Social Security No.
E-mail address*	Phone (home)	Date of Birth (MM/DD/YY)

Terms & Conditions – Consent for release of information to InfoArmor

By signing this box, I certify that I am at least 18 years of age, acknowledge that I have read and accepted the terms and conditions, between myself and InfoArmor. I acknowledge that I will be opted out of the National Do Not Call Registry, ChoicePoint, and the Direct Marketing Association in order to reduce junk mail, stop preapproved credit offers, and to reduce telemarketing calls. I authorize InfoArmor, Inc. to create an account for the sole purpose of monitoring my identity. Once enrolled, this document will be shredded to ensure the sensitivity of this information. I understand that I will receive a confirmation email which will allow me to create a password to access my online account.

Signature X	Date
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Payroll Deduction Authorization

In addition to the \$11 per month Identity Protection Plan, you will get all Club benefits for a payroll deduction of only \$4.50 per month (active employees) or \$2.50 per month (retired). You authorize these monthly deductions by signing the Payroll Deduction Authorization form. Annual membership fees of \$54.00 for active employees or \$30.00 for retired employees include \$24.00 for a one-year, non-deductible subscription to the *Alive!* Newspaper.

Name: _____ City Department #: _____

City Employee #: _____ DWP Employee #: _____ Retired City Employee SSN#: _____

To: **Controller—City of Los Angeles, or
 Fire and Police Pension, or
 City Employees Retirement System, or
 Paymaster—Department of Water and Power**

I hereby authorize the deduction from my salary or pension of amounts sufficient to cover premiums/membership fees on any of my group benefits provided by **City Employees Club of Los Angeles**. In the event any premiums should change due to age, increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such change upon notification from the City Employees Club of Los Angeles and such deduction to remain in force until canceled by me in writing.



City Employees Club of Los Angeles
 311 South Spring Street, Suite 1300 • Los Angeles, CA 90013
 1-800-464-0452
 info@cityemployeesclub.com • www.cityemployeesclub.com

FOR OFFICE USE ONLY

Code _____ Deduction _____

Sign Here

X

City/DWP Employee

Date