



## 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?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

### 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** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15<sup>th</sup> 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:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$1 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency

Plan Prices are Per Pay Period Deduction	FAMILY Price	INDIVIDUAL Price
LegalShield <b>Legal Plan Only</b>	<b>\$8.75 / every two weeks</b>	<b>\$8.75 / every two weeks</b>
IDShield <b>Identity Theft Plan Only</b>	<b>\$8.75 /every two weeks</b>	<b>\$4.13 / every two weeks</b>
Combined Plans	<b>\$15.65 / every two weeks</b>	<b>\$12.88 / every two weeks</b>

The secure website to enroll is [www.shieldbenefits.com/ohmi](http://www.shieldbenefits.com/ohmi)

**PLEASE NOTE:** Member's spouse coverage can be a married spouse OR boyfriend/girlfriend; domestic partner; same sex partner.



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

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](http://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 is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. For a summary description of benefits for the Policy coverage see <https://idshield.cloud/summary-of-benefits>. We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



**SECURE WEBSITE TO ENROLL: [www.shieldbenefits.com/ohmi](http://www.shieldbenefits.com/ohmi)**



MEMBERPERKS

# Save with these incredible MEMBERPERKS

Your LegalShield and IDShield Memberships are simply amazing. In addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over \$2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

## RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:



APPAREL



HOME SERVICES



AUTOMOTIVE



INSURANCE & PROTECTION SERVICES



BOOKS, MOVIES & MUSIC



OFFICE & BUSINESS



CELL PHONES



REAL ESTATE & MOVING SERVICES



ELECTRONICS



SPORTS & OUTDOORS



FINANCE



TICKETS & ENTERTAINMENT



FLOWERS & GIFTS



FOOD



TRAVEL



HEALTH & WELLNESS

## WHAT MEMBERS ARE SAYING:

"MEMBERPerks pays for my membership!"

– Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"

– Andre E.

"I am receiving 8% off my Verizon cell phone monthly charge!"

– Paulette M.

Enjoy preferred member pricing on some of your favorite brands and services.



AND MANY MORE!

## Getting Started

To sign up, simply log in at [legalshield.perkspot.com](http://legalshield.perkspot.com). If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield Membership number.

These benefits are for LegalShield and IDShield Members. All offers or promotions are subject to change without notice.

SHEET\_MEMBERPerks\_060420



EMPLOYEE BENEFIT

# enrollment form

LegalShield and subsidiaries Corporate Offices:  
P.O. Box 145 • Ada, OK 74821-0145  
A \$10 non-refundable fee is required for individual enrollments.

- Legal Plan Only
- Family Identity Theft Only
- Individual Identity Theft
- Legal & Family Identity Theft
- Legal & Individual Identity Theft

Office Use Only	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

\*Some plans may not be available in certain states.

**Select Plan(s) Above**  
**COMPLETE this application or you can**  
**securely enroll online:**  
[www.shieldbenefits.com/ohmi](http://www.shieldbenefits.com/ohmi)

## member information

Please print.

**Effective Date**  /  /   
Month Day Year

**Time of Day** \_\_\_\_\_ A.M. (Circle One) IF Needed  
P.M.

**SSN #**    -   -   
For internal use only by LS. Our privacy policy is available upon request.

**Name** Last \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_

**Mailing Address** Apt. / Ste. # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

**Primary Member's Date of Birth**  /  /   
Month Day Year

**Spouse** Last \_\_\_\_\_ **Spouse D.O.B.** / /  
 First \_\_\_\_\_ MI \_\_\_\_\_

**Work Phone**  -  -  Ext.

**Home Phone**  -  -

**Email Address** **Email Required:** \_\_\_\_\_  
 email —required for electronic membership information.

(Your privacy is a priority with us! LS will not sell your email address or personal information of any kind to third party vendors.)

## payroll deduction authorization

I hereby authorize my employer **OHM** City \_\_\_\_\_ State **MI** to deduct \$ \_\_\_\_\_ per ~~month~~ **pay** from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. I agree that my employer will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to LegalShield.

Print name \_\_\_\_\_ SSN **XXX-XX** \_\_\_\_\_

Date \_\_\_\_\_ Applicant signature  \_\_\_\_\_

**Associate Use Only**  
 Assigned Associate Number **248-991-5065**  
 Associate Name **ALI C. SANDERS**  
 Associate SSN Number (if Licensed) \_\_\_\_\_  
 Associate License Number (In Florida) \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Signature of Associate  **ALI C. SANDERS**

**Applicant:** I understand that 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 that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 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, warranties or representations other than as set forth herein and in the membership contract.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

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 of America.

**Signature of Applicant**

**Dependents**

_____	_____ / _____ / _____
<small>Last / First / MI</small>	<small>Date of Birth</small>
_____	_____ / _____ / _____
<small>Last / First / MI</small>	<small>Date of Birth</small>
_____	_____ / _____ / _____
<small>Last / First / MI</small>	<small>Date of Birth</small>

(\*\*additional dependents, use back of form)

**Employer** **OHM**

**Occupation** \_\_\_\_\_