



# Continuing Your IDShield Coverage After Employment Ends

As an IDShield Member, you can continue coverage after ending employment and keep your current price and coverages. Please call **1-888-807-0407** or mail the attached payment form within 45 days of your last date of employment, otherwise your coverage will automatically cancel.

Choosing whether to continue coverage is a personal decision and will depend on your circumstances. Here are a few things to consider:

- Because you are enrolled in IDShield through a group plan, coverage and pricing are often more favorable than other identity theft plans you can purchase individually. Your monthly rate is \$8.95 for the Individual Plan or \$16.95 for the Family Plan.
- If you do not continue this group coverage within 45 days, you generally cannot re-enroll at the same price and coverage terms later.
- If you choose to continue coverage now, you can cancel at any time in the future.
- Recovering from a theft can be time consuming and stressful. Online identity protection has become increasingly important in today's world. According to a Department of Justice Study, about 23.9M people were subjected to identity theft totaling \$16.4B in 2021.<sup>1</sup>

## IDShield provides you with:

### Financial Protection

An Identity Fraud Protection Plan of up to \$5 million covers certain costs resulting from covered events.

### Identity Threat Alerts

If our monitoring services find your data where it shouldn't be, we'll alert you immediately.

### Monthly Credit Score Tracker

Keep an eye on changes to your credit score with a 12-month historic view of your credit trends.

### Sex Offender Monitoring and Search

Search for sex offenders within an adjustable radius of your home address and receive alerts when new sex offenders move in.

### Dedicated Licensed Private Investigators

If you experience an identity theft incident, an assigned investigator stays with you throughout the restoration process.

### Identity Consultation Services

Consultation on any identity-related issue including alerts received, current theft trends, and best practices for secure financial transactions and consumer privacy.

**PLUS: 24/7 emergency access and an easy-to-use mobile app!**

Please contact Customer Care at **888-807-0407** or **memberservices@legalshield.com** with any questions. You can also visit IDShield [www.shieldbenefits.com/usradiology](http://www.shieldbenefits.com/usradiology) for more details about your plan.

<sup>1</sup> U.S. Department of Justice, October 12, 2023, [https://bjs.ojp.gov/document/vit21\\_pr.pdf](https://bjs.ojp.gov/document/vit21_pr.pdf).



# Payment Option Form

Mail this form to LegalShield, along with your check or money order if paying by direct bill or bank draft.  
LegalShield • PO Box 2629 • Ada, OK 74821-2629 • 888-807-0407

Member Name \_\_\_\_\_

Member Number \_\_\_\_\_

Your Member Number can be found in your account through the website (<https://accounts.legalshield.com/>) or mobile app. If you can't find it, no problem. Give us a call, and we'll handle everything for you.

When you provide a check as payment, you authorize LegalShield to convert the paper check to an electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day payment is received. Your account will be drafted for the same amount each month on or about the effective date of your membership. You waive your right to notification of continued payment. If the amount or date of your payment changes, we will notify you at least 10 days before the payment date.

**Please choose one of these convenient payment methods. Please return the entire form.**

## Pay by Direct Bill

Send your check or money order and list the amount below.

Semi-annual \$ \_\_\_\_\_  Annual \$ \_\_\_\_\_

## Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing.

**We accept Visa/Mastercard/Discover/AMEX**

Monthly \$ \_\_\_\_\_  Semi-annual \$ \_\_\_\_\_  Annual \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(Mo./Yr.) \_\_\_\_\_

Cardholder Signature:  \_\_\_\_\_

## Pay by Bank Draft

Authorization for Electronic Premium: I authorize LegalShield, to make direct payment by charge/draft of my checking/savings account from the Financial Institution listed below. (This authority will remain in effect until you notify us in writing to terminate the authorization.) I agree that if any charge is dishonored, whether intentionally or inadvertently LegalShield shall be under no liability whatsoever. (Please send a voided check from the account to be drafted.)

Name of Bank (Financial Institution) _____		Acct. # _____
City _____		City Institution Transit # _____
State _____	Zip _____	
<input type="checkbox"/> Monthly Draft Amount	\$ _____	<input type="checkbox"/> Checking Account (Attach check from account to be drafted.)
<input type="checkbox"/> Annual Draft Amount	\$ _____	<input type="checkbox"/> Savings Account (Attach verification.)
Signature of Account Holder <input checked="" type="checkbox"/> _____		