

ID Shield ENROLLMENT FORM

Coverage Type:

Single

Family

Cost Per Month: Single \$8.95 - Family \$18.95

Employee:

Name (Last, First, M.I.):	
Social Security Number:	
Date of Birth:	
Gender:	
Email Address:	
Home Address:	
City, State:	Zip Code:
Home Phone:	Work Phone:

Dependent Information:

Name (Last, First, M.I.)	Gender: M F	Birthdate:	Social Security No.

Signature: _____ Date: _____

For additional information, please visit HR website at <http://www.udmercy.edu/faculty-staff/hr/benefits/index.php>

Forms can be submitted via email to