



Employee Application - Identity Theft Protection

Effective January 1, 2024 - December 31, 2024

Employer Name:	Division #:
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Employee Only [18 and over]*	Employee Only [18 and over]*
Employee + Family**	Employee + Family**

*Currently, Florida residents are not eligible for NortonLifeLock through Inshore Benefits.
 **The LifeLock Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to the employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

Primary Account Holder: Complete the below. Accurate information is required to enroll for NortonLifeLock membership. All fields are required.

1. EMPLOYEE INFORMATION		Requested Effective Date:	
Employee First Name:	Employee Last Name:		
Social Security #:	Date of Birth:		
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone:	Email:		

2. SPOUSE/DOMESTIC PARTNER INFORMATION	
First Name:	Last Name:
Social Security #:	Date of Birth:

3a. DEPENDENT INFORMATION	
First Name:	Last Name:
Social Security #:	Date of Birth:

3b. DEPENDENT INFORMATION	
First Name:	Last Name:
Social Security #:	Date of Birth:

3c. DEPENDENT INFORMATION	
First Name:	Last Name:
Social Security #:	Date of Birth:

I accept the NortonLifeLock License and Services Agreement, which can be found at <https://www.nortonlifelock.com/content/dam/nortonlifelock/docs/about/customer-agreement-en.pdf> and I accept the Global Privacy Statement, which can be found at: <https://www.nortonlifelock.com/us/en/privacy/>

NOTE: By signing this form, you represent that you have the authority, on behalf of yourself and any other members of your family, to enroll those dependents indicated below in such services and you further agree to NortonLifeLock's License and Services Agreement. To review this agreement, visit: <https://www.nortonlifelock.com/content/dam/nortonlifelock/docs/about/customer-agreement-en.pdf>. Terms may be updated from time to time.

Employee Signature:	
Print Name:	Date:

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 Inshore Benefits is marketed by Warner Pacific Insurance Services, Inc. | Phone: (800) 801-2300 | Fax: (800) 609-0111 | Email: quoting@warnerpacific.com
 Inshore Benefits is administrated by Pathian Administrators | Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: inshore@pathianadministrators.com