



Employer Application - Identity Theft Protection

Requested Effective Date:	
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1. EMPLOYER INFORMATION

Employer Name:		Tax ID#:
DBA:		SIC Code:
Physical Address:		
City:	State:	Zip Code:
Mailing Same as Physical Address:	Mailing Address (if different):	
City:	State:	Zip Code:
Primary Contact Name:		Title:
Email Address:		Phone:

2. INVOICE & PAYMENT PREFERENCES

Invoice Delivery via:	Mail	Email	Email to:	or Same as Group Administrator
Payment Mode:	Check	ACH Draft (Authorization form attached)		
Payment Terms: Initial payment is required with application. Please make check payable to Pathian Administrators. This is a prepaid plan and monthly payments are due no later than the first day of the coverage month. Late fees will apply if not paid by the 15th of month due. If not paid by the last day of the month, group is subject to cancellation and subsequent reinstatement fee of \$25.00.				
Monthly Administration Fee: If identity theft protection is the sole benefit selected, a \$5.00 administration fee will apply to invoice each month.				Initial to acknowledge fees and terms

3. EMPLOYER SIGNATURE - NortonLifeLock Benefit Plan Application

We, the undersigned Group, understand that we are applying for NortonLifeLock Benefit Plan Services. The Undersigned Group acknowledges and agrees that NortonLifeLock will rely on the information and representations provided in this application along with any information provided to NortonLifeLock through a Managing Agent, Broker partner, Benefits Administrator and the Undersigned Group agrees that any information the Undersigned Group provides to the Inshore Benefits Trust, Pathian Administrators or Warner Pacific Insurance Services may become a part of this application; The Undersigned Group gives authorization and agrees that Inshore Benefits Trust, Pathian Administrators or Warner Pacific Insurance Services may share such information with NortonLifeLock and certifies that all such information provided with respect to the company and its employees/members is accurate and complete.

It is understood that coverage for any benefits shall not commence until a completed Employer Application has been approved by NortonLifeLock and/or Pathian, its authorized agents, or representatives; the first month's premium for the purchased benefit plan(s) has been paid; all completed employee applications have been submitted; and notice of said approval has been transmitted in writing.

By signing below, the Undersigned Group electing NortonLifeLock Services agrees to the NortonLifeLock Employer Benefits Agreement in its entirety along with all terms, and conditions. The Inshore Benefits Trust shall make available to the Undersigned group the NortonLifeLock Employer Benefits Agreement at inshorebenefits.com/NLL-EBA and the Undersigning Group electing such Services acknowledges the receipt, review and acceptance of the NortonLifeLock Employer Benefits Agreement.

I agree to the aforementioned terms and certify that all of the information provided in this document is accurate to the best of my knowledge as of the date signed. A \$5.00 administration fee will apply to invoice each month if identity theft protection is the sole benefit chosen from Inshore's portfolio of benefit offerings.

Employer Signature:	Title:
Print Name:	Date:

4. IDENTITY THEFT PROTECTION COVERAGE SELECTION

Voluntary NortonLifeLock Identity Theft Protection



Choose Plan Option(s)		Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	Plan# ESSNVOL	LifeLock with Norton Benefit Essential	\$7.99	\$15.98	\$15.98	\$15.98
	Plan# PREMVOL	LifeLock with Norton Benefit Premier	\$11.49	\$22.98	\$22.98	\$22.98

Employer Sponsored NortonLifeLock Identity Theft Protection



	Plan Name	Employer Cost	Employee Cost		
			Benefit Essential Employee + Family	Benefit Premier Employee Only	Benefit Premier Employee + Family
Plan# ESSNEERP	Benefit Essential Employee Only	\$3.99	+ \$6.99	+ \$7.50	+ \$18.99
Plan# ESSNERP	Benefit Essential Employee + Family	\$7.98	N/A	+ \$7.50	+ \$15.00
Plan# PREMNEERP	Benefit Premier Employee Only	\$5.99	N/A	N/A	+ \$11.49
Plan# PREMNERP	Benefit Premier Employee + Family	\$11.98	N/A	N/A	N/A



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5. ACH PAYMENT AUTHORIZATION - PLEASE ATTACH A COPY OF A VOIDED CHECK

Name of Account Holder:		
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Bank Routing Number: I: <input type="text"/> I:	The Bank Routing Number is the 9-digit number on the lower left of your check. This routing code appears between the I: symbols.	
Account Number: I: <input type="text"/> II [#]	The Account Number is the number that can be found between the second I: symbol and the II [#] symbol. Do not include the check number (the digits to the right of the II [#] symbol.)	
Please check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
I authorize Pathian Administrators to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to Pathian Administrators at the address above. If the payment amount changes, we will notify you at least 10 days before the regularly scheduled payment date. Please give a 7-day notice to Pathian if you wish to stop a future draft by emailing: inshore@pathianadministrators.com		
Signature of Account Holder:		
Print Name:	Date:	

6. AGENT INFORMATION

Agent Name:		Inshore Agent ID#:
License #:	State Issued:	Expiration (MM/YY):
Mailing Address:		
City:	State:	Zip Code:
Agency Name:		
Agency Mailing Address (if different):		
City:	State:	Zip Code:
Email:	Phone:	Fax:
Agent's Certification: I hereby certify that I am not aware of any information that has been withheld from this application by the client and which may have bearing on this risk. I hereby certify that I have advised the client not to terminate any existing coverage until they have received written notification from Warner Pacific Insurance Services and/or Pathian that the coverage being requested by this application is accepted. Upon first submission, the agent or agency must provide copy of current Producer License and a completed W-9.		
Agent Signature:		Date:
Print Agent Name:		

*Rates are subject to change. Check with Inshore Benefits for the most current benefits and rates for your requested effective date.