

## IDENTITY THEFT PROTECTION ELECTION FORM

### IDENTITY THEFT PROTECTION

You are eligible to enroll in an Identity Guard® identity theft protection service as a *voluntary* employee benefit. Premiums deductions will be processed over 24 pay periods. The Identity Guard service will help protect your identity and provide you with the information and tools you need to better understand your identity risk. Before we can enroll you in the service, we need some additional information.

→Please select coverage below, complete entire Primary Account Holder information and return form to Human Resources.

#### “VALUE” HIGHLIGHTS

Identity Guard® Value	Coverage	Monthly Fee / Per Pay Period(24 count)
<ul style="list-style-type: none"> <li>\$1 Million Insurance with Stolen Funds Reimbursement*</li> <li>IBM Watson™ Artificial Intelligence</li> <li>US Based Customer Care</li> <li>Risk Management Score &amp; Alerts</li> <li>Dark Web Monitoring</li> </ul>	<input type="checkbox"/> Employee Only	\$6.00 / \$3.00
	<input type="checkbox"/> Employee + Family	\$10.00 / \$5.00

#### “TOTAL” HIGHLIGHTS

Identity Guard® Total	Coverage	Monthly Fee / Per Pay Period(24 count)
All benefits of Identity Guard “Value” plus: <ul style="list-style-type: none"> <li>3-Bureau Credit Monitoring</li> <li>Monthly Credit Score</li> <li>Bank Account Takeover Alerts</li> </ul>	<input type="checkbox"/> Employee Only	\$12.35 / \$6.18
	<input type="checkbox"/> Employee + Family	\$21.00 / \$10.50

#### “ PREMIER” HIGHLIGHTS

Identity Guard® Premier	Coverage	Monthly Fee / Per Pay Period(24 count)
All the benefits of Identity Guard “Total” plus: <ul style="list-style-type: none"> <li>Annual 3-Bureau Credit Report</li> <li>Social Insight Report</li> <li>Monitoring for Potential Cyberbullying on Social Media</li> </ul>	<input type="checkbox"/> Employee Only	\$17.00 / \$8.50
	<input type="checkbox"/> Employee + Family	\$30.00 / \$15.00

#### PRIMARY ACCOUNT HOLDER Information – *all fields required*

Print - Employee Legal Name:		
Address, City, State, Zip:		
Personal Phone:	Birthdate:	Social Security Number:
Personal Email - Identity Communication will be sent to:		
By signing this election form, I authorize Intersections Inc. to confirm my identity, obtain and monitor my credit information from the credit bureau(s), on a recurring basis, in order to provide the products and services I have ordered as long as I have an account with Intersections Inc. I also authorize Intersections Inc., depending on the products and services ordered, to retrieve and monitor my personal information, and motor vehicle records. I acknowledge that I may be required to activate certain services, including taking action to download, install, or provide additional information before obtaining access to the products and services.		
Signature:		Date:
Coverage is effective the 1 <sup>st</sup> of the month, following enrollment.		
Employer:	City of Billings	HR use – Month coverage is effective:      /

This sheet is intended as a Summary, rather than a comprehensive description of Intersection Inc.’s benefits. Actual benefits may change at management’s discretion, with or without notice. In the event of questions of conflicts concerning information presented in this Summary, all Company Policies and Plan Documents will govern.

**\*The score you receive with Identity Guard® is provided for educational purposes to help you understand your credit. They are calculated using the information contained in your TransUnion credit file. Lenders use many different credit scoring systems, and the scores you receive with Identity Guard are not the same scores used by lenders to evaluate your credit.**

\*\*Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

This election form will be maintained on file with Human Resources for the length of the Identity Guard Employee Benefit Agreement with Identity Guard plus three years after contract termination or expiration.