



**11230 Sorrento Valley Road
Suite 105
San Diego, CA 92121
(800) 733-4487
(858) 622-5000**

Application Instructions:

- Complete all sections of the application with signatures and date.
- Mail application to:

Pacific Financial Designs, Inc.
11230 Sorrento Valley Road
Suite 105
San Diego, CA 92121
Attn: New Benefits

- For questions regarding the application, effective date of coverage, or benefit details, please contact Mark Bol at (800) 733-4487 x 302



LifeLock.

**TAKE CONTROL
OF YOUR IDENTITY**

**Kern Law Enforcement Association has Now Partnered
With LifeLock Identity Theft Protection**

Two Plans to Choose From

LIFELOCK SERVICES	LIFELOCK COMMAND CENTER SERVICES
<p>Every LifeLock membership comes standard with our core services that are the foundation of identity theft protection and essential to protecting your personal information:</p> <ul style="list-style-type: none"> > LifeLock Identity Alert System > eRecon Services > True Address Service > WalletLock Service > Reduced Pre-Approved Credit Offers > 24-Hour Member Service > \$1 Million Dollar Total Service Guarantee <p>(Restrictions apply. See www.lifelock.com for details. Due to New York State Law restrictions, the LifeLock Service Guarantee cannot be offered to the residents of New York)</p> <p>Make your membership selections by checking the appropriate boxes below:</p>	<p>Our advanced LifeLock command Center protection suite provides the same core services every LifeLock member enjoys PLUS the added security of our new protection services: LifeLock Personal Breach Detection and LifeLock Identity SDS (Search, Detect, Secure).</p> <p>These services search broader, deeper, and for more data giving yo the power to detect potential identity theft threats.</p> <p>LifeLock Personal Breach Detection LifeLock Identity SDS</p> <ul style="list-style-type: none"> > Payday Loans > Sex Offender Registry > Alias Records > Public Records > Court Records <p>Make your membership selections by checking the appropriate boxes below:</p>
<p>Coverage Per Pay Day</p>	<p>Coverage Per Pay Day</p>
<p>Employee Only <input type="checkbox"/> \$3.50</p> <p>Employee + Spouse <input type="checkbox"/> \$7.00</p> <p>Employee + Up To 5 Children <input type="checkbox"/> \$7.00</p> <p>Employee + Spouse + Up To 5 Children <input type="checkbox"/> \$10.00</p>	<p>Employee Only <input type="checkbox"/> \$6.00</p> <p>Spouse or Adult 18+ <input type="checkbox"/> \$10.00</p>

NOTE: By signing this form, you represent that you have the authority to enroll those members of your family indicated above. You further agree to LifeLock's Terms and Conditions which can be found at www.lifelock.com/terms on behalf of yourself and any member of your family indicated above. Please contact Pacific Financial Designs at (800) 733-4487 x302 for cancellation policy.

I hereby authorize the KLEA to deduct from my pay each month the amount of the monthly premium for the policy marked above. If monthly premium increases or decreases, per policy provisions, my deductions should be adjusted correspondingly. I understand that payroll deductions shall continue until: (1) Termination of employment; (2) Completion of period for which premiums are required; (3) Written notice by me to the KLEA cancelling payroll deduction authorization, and effective date thereof; (4) Termination of membership with the KLEA.

Print Name _____

Signature _____

Date _____



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LifeLock Enrollment Application

Primary Applicant

Name	_____	DOB	_____
	First Middle Last		
Email	_____	Sex	M F
Address	_____		
	Street Address City State Zip		
Have you resided at this address for longer than 2 years?			Y N
If No	Previous Address		
	Street Address City State Zip		
Social Security #	_____	Primary Telephone Number	_____
		Alternate phone Number	_____

Other Applicants

Name	_____	DOB	_____
	First Middle Last		
	Social Security #		Relationship
Name	_____	DOB	_____
	First Middle Last		
	Social Security #		Relationship
Name	_____	DOB	_____
	First Middle Last		
	Social Security #		Relationship
Name	_____	DOB	_____
	First Middle Last		
	Social Security #		Relationship
Name	_____	DOB	_____
	First Middle Last		
	Social Security #		Relationship