I confirm that the information I have provided on this form is complete and accurate. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information may be prosecuted as allowed by appropriate state law.

**THIS SECTION MUST BE SIGNED AND DATED TO RECEIVE BENEFIT.**

- **Pension Deduction Authorization** - I hereby authorize the North Carolina Retirement Systems to deduct my identity theft, dental and/or vision premiums from my retirement benefit. To the best of my knowledge, I confirm that the information I have provided on this form is complete and accurate. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds’ benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

- **Direct Bill Option** - Please place the benefits that I have applied for on direct bill. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds’ benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

**Direct Bill Clients:** Do not send checks to Pierce Insurance Agency. You must wait for your bill to arrive from UnitedHealthcare.
Identity Theft Protection Enrollment Form

The purpose of this enrollment form is for obtaining accurate data for enrolling a new member in LifeLock identity theft protection. Once you provide this form to Pierce Insurance via mail, email or fax, they will then securely transmit your enrollment data to LifeLock to begin your membership.

Social Security Number ___________________________ Date of Retirement ___________ / _______ / ___________ Enroll in ○ Identity Theft  □ OR  □ Cancel  □ Change

Last Name ___________________________ First Name ___________ MI ___________ Date of Birth ___________ / _______ / ___________ Gender □ M □ F

Address ______________________________________ Email ___________________________

City _______ _______ _______ State _______ Zip ___________________________

Phone ( _______ ) _______ _______ _______ ___________ ___________ ___________ Email ___________________________

IDENTITY THEFT PROTECTION  ☐ YES  ☐ NO  ☐ If YES, check coverage  ☐ RETIRE  ☐ RETIREE + FAMILY

ENROLLING DEPENDENTS – spouse and unmarried dependent children only. (Include Date of Birth & SSN) For court-ordered dependents, documentation must be attached.

Enroll in ○ Identity Theft  □ OR  □ Cancel  □ Change

I understand that credit features in LifeLock plans require an additional validation process and until that process is complete, those dependents indicated below will be enrolled in a membership without credit features.

Last Name ___________________________ First Name ___________ MI ___________ Date of Birth ___________ / _______ / ___________ Gender □ M □ F

Social Security Number ___________________________ Email ___________________________

If child is over 26, please indicate status  ☐ Handicapped

Enroll in ○ Identity Theft  □ OR  □ Cancel  □ Change

Last Name ___________________________ First Name ___________ MI ___________ Date of Birth ___________ / _______ / ___________ Gender □ M □ F

Social Security Number ___________________________ Email ___________________________

If child is over 26, please indicate status  ☐ Handicapped

Enroll in ○ Identity Theft  □ OR  □ Cancel  □ Change

Last Name ___________________________ First Name ___________ MI ___________ Date of Birth ___________ / _______ / ___________ Gender □ M □ F

Social Security Number ___________________________ Email ___________________________

If child is over 26, please indicate status  ☐ Handicapped

ALL LIFELOCK ENROLLEES WHO SIGN BELOW ACKNOWLEDGE AND AGREE AS FOLLOWS

By submitting your enrollment in the NortonLifeLock Benefit Plan, you represent that you have the authority to enroll those dependents indicated in the NortonLifeLock Benefit Plan and you have read and agreed to the Terms and Conditions and Privacy Policy, which can be found at https://www.nortonlifehack.com/content/dam/nortonlifehack/pdfs/eulas/licensing-agreement/customer-agreement-en.pdf and https://www.nortonlifehack.com/privacy, on behalf of yourself and on behalf of any member of your family you are enrolling.

Retiree Signature ___________________________ Date _______ / _______ / ___________ Enroll in  ☐ PENSION DEDUCTION AUTHORIZATION

Retiree Printed Name ___________________________

Spouse Signature ___________________________ Date _______ / _______ / ___________ Enroll in  ☐ DIRECT BILL OPTION

Spouse Printed Name ___________________________

Adult Dependent Signature ___________________________ Date _______ / _______ / ___________

Adult Dependent Printed Name ___________________________

I am the parent or legal guardian of the minor(s) named above and authorize NortonLifeLock Inc., its successors and assigns, in accordance with these written instructions under the Fair Credit Reporting Act to obtain credit data from any consumer reporting agency as needed disclose the minor’s credit data to me, and deliver the services and features as available in the plan I have selected.

Signature on behalf of Minor(s) ___________________________ Date _______ / _______ / ___________

Printed Name of Signer ___________________________