



WINOVER FORM

(submit prior to March 31, 2016)

IMPORTANT: This form must be submitted in addition to the Authorization Card for any new Groups.

SECTION 1 - CERTIFICATION

By signing this form, I represent that I have the authority to allow LegalShield to introduce the LegalShield product(s) to all company employees.

(a) This form is confirmation that IDShield will be offered to all company employees with an effective date of no later than 1/1/2017.

(b) We currently have _____ employees enrolled in MetLife Defender.

SECTION 2 - CUSTOMER SIGNATURE

Print Name: _____

Title: _____

Company Name: _____

Company Address: _____

Authorized Signature: _____

Date: _____

Email: _____

Phone: _____