



## Identity Defender

**The Need for ID Theft Protection & Response is real.** Identity theft is one of the fastest growing crimes in the nation. One out of every five Americans or a member of their family has been victimized by identity theft.

- An identity is stolen every 3 seconds
- According to the Federal Trade Commission, victims will average 170 hours researching this crime, as well as approximately 2-3 years correcting credit reports and average \$4,849,000 in out-of-pocket expenses to restore their credit and identity. (Javelin Strategy Research Center 2009)
- The FBI claims 9.9 million Americans have been Identity Theft victims, experiencing losses in excess of \$47 billion. (Gartner Group)
- In the last five years, more than 25 million people world wide have been victims of Identity Theft

**The Identity Theft Solution.** The Identity Defender is designed to help defend against the fastest growing crime in the nation. The Identity Defender will provide access to the **Fraud Resolution Services (FRS)** who assist consumers at the inception of a fraud related emergency. A fraud resolution advisor is trained to evaluate the incident and what steps need to be taken to resolve the theft, including but not limited to:

- Placing fraud alerts, freezing credit and filing disputes and affidavits on the member's behalf
- Continuous 24/7 "Identity Monitoring", with fraud alerts ("monthly risk scores") for suspicious activity in national databases
- Unlimited access to highly trained Fraud Resolution Advisors to assist in restoring your identity
- Free 60 minute telephone consultation with an ID Protection Financial Counselor to assist in rebuilding your credit
- Up to \$25,000 in Identity Theft expense reimbursement\*
- Lost Purse or Lost Wallet Benefits

Fight back when your identity is stolen and to restore your identity and good credit with Identity Defender. **Simply put, you can't get better Identity Theft Protection *anywhere*.**

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Start defending yourself **TODAY!\***  
To enroll or learn more, visit [www.uslegalservices.net](http://www.uslegalservices.net)  
or call **800.356.LAWS (5297)**

Identity Defender **\$9.95 per month**

\*Limited to two (2) family members per plan

Insurance underwritten by member companies of Chartis. The description herein is a summary only. It does not include all terms, conditions and exclusion of the policies described. Please refer to the actual policies for complete details of the coverage and exclusions. Coverage not available to residents of New York and may not be available in other jurisdictions. Not sponsored or approved by the United States Government or any Department or Agency thereof.



**IDENTITY APPLICATION AND MONITORING AUTHORIZATION FORM**

*Please Print*

Member Name: Last		First	M.I.	Social Security Number: - -	
Email Address:				Phone:	
Address:			City:		
State:			Zip:	Date of Birth	
**Additional Name: Last		First	M.I.	Social Security Number: - -	
Email Address:				Phone:	
Address:			City:		
State:			Zip:	Date of Birth	

*\*\* Spouse/Domestic Partner/Dependent*

I hereby agree to enroll in the MSA ID Protect Identity Monitoring program and authorize its Administrator, CLC Incorporated (CLC), to place my identity file in an identity theft watch status with National ID Recovery, LLC (NIDR). I authorize CLC to act on my behalf regarding the following: to receive and transmit ongoing identity watch notifications from NIDR to CLC as it relates to my personal identity file, to notify creditors, collectors, law firms and financial institutions of loss, fraud and identity theft watch information, as it relates to my identity file, and, if necessary, to place a fraud alert or credit freeze on my personal credit file, if allowed by law, during the course of my membership. Family members eligible for coverage are your spouse or domestic partner; dependent children age 21 and under living with you; or dependent children age 25 and under and that are full time students; and parents that own joint accounts with you. Coverage will begin the first of the month following receipt of this enrollment form.

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Dated**

\_\_\_\_\_  
**Additional Member's Signature**

\_\_\_\_\_  
**Dated**

**PLEASE COMPLETE AND FAX TO (904) 730-0023 OR EMAIL TO  
 ID\_THEFT@USLEGALSERVICES.NET**