



To Order By Mail:

1. Please print and complete the order form below.
 2. To add enrollees, please include their first and last name in the space provided.
 3. Select the program of your choice.
 4. Include payment information (by check or credit card).
 5. Mail enrollment form.
- Please allow 2-3 weeks for delivery of program certificate of coverage and related documents
 - Please note that, unless we have an email address for you, you will not be able to receive:
 - * Internet security awareness newsletter
 - * Internet virus notifications as needed

COVER MY ID!

Mail-In Enrollment Form

Enrollment is per person, per year.

All fields required. For U.S. & Canada residents only (*Note: Coverage not available to residents of New York)

Select the program of your choice:

- 'GOLD' IDENTITY THEFT DEFENSE PROGRAM** **\$29.95 per person**
- 'ALL-IN-ONE' ID THEFT RESTORATION PROGRAM** **\$69.95 per person**

Sal.

First Name:

Last Name:

Address:

City:

State:

Zip / Postal Code:

Email (optional):





Please add my:

Spouse:

First Name: _____ Last: _____ Email: _____

Add:

Family Member / Friend:

1. First Name: _____ Last: _____ Email: _____

2. First Name: _____ Last: _____ Email: _____

3. First Name: _____ Last: _____ Email: _____

Payment Type (circle one): Check Visa MasterCard American Express

Name on Card: First Name: _____ Last: _____

Card Number: _____

Exp. Date: _____

(Charge will appear on your statement from **Cyberian Insurance Services**)

TOTAL:

GOLD' IDENTITY THEFT DEFENSE PROGRAM \$ 29.95 x _____ # of enrollees: \$ _____

'ALL-IN-ONE' ID THEFT RESTORATION PROGRAM \$ 69.95 x _____ # of enrollees: \$ _____

TOTAL: \$ _____

Please mail completed enrollment form to:

**Cyberian Insurance Services
65 Enterprise Drive
Aliso Viejo, CA 92656-2601**

Thank you for your order, and for taking proactive steps to defend your self, family and friends against Identity Theft

Please allow 2-3 weeks for delivery of program Certificate of Coverage and related documents.

*Insurance underwritten by insurance company subsidiaries or affiliates of Chartis Inc. The description herein is a summary only. It does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for complete details of coverage and exclusions. Coverage not available to residents of New York and may not be available in other jurisdictions and is subject to actual policy language.

To file a claim, please contact us by phone at 1.866.609.3604 x102 or email us at HelpDesk@CoverMyID.com

