

## EMPLOYEE ENROLLMENT FORM

EMPLOYER NAME		PCI ORG ID
EMPLOYEE NAME (Last, First, Middle Initial)		
ADDRESS (City, State, Zip)		
DATE OF BIRTH	SOCIAL SECURITY	GENDER
JOB TITLE	EMAIL ADDRESS	DATE OF HIRE

**Select Coverage:**

MetLife Aura Identity and Fraud Protection

**Authorization**

Authorization I hereby authorize my company to enroll me in payroll deduction for the MetLife Aura Identity and Fraud Protection Coverage. Payroll deduction will begin after we receive your enrollment. Premium payments are deducted from your pay on an after-tax basis.

I understand that my election will remain in force until I change or drop my coverage and that I may only make changes/drops during open enrollment. My coverage will also end once payroll deductions stop.

I authorize Aura Sub, LLC (“Aura”) to confirm my identity, obtain and monitor my credit information from the credit bureaus on a recurring basis in order to provide the Aura products and services I have ordered as long as I have an account with Aura. I also authorize Aura depending on the Aura products and services ordered, to retrieve and monitor my personal information, and motor vehicle and other records. I acknowledge that I may be required to activate certain services, including taking action to download, install, or provide additional information before obtaining access to the Aura products and services. By opting in, I confirm I have read, understood and agree to be bound by Aura’s Terms of Service and acknowledge Aura’s Privacy policy.

Terms of Service Link: <https://www.aura.com/legal/service-terms>

Privacy Policy Link: <https://www.aura.com/legal/privacy-policy>

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*Employee Signature*

*Date*