Schuyler Community Schools
District Opening Zoom Meeting: All Staff
Tuesday, August 11, 2020 8:00 AM
Schuyler Community Schools Board Room
120 West 20th Street
Schuyler, NE 68661

I. **Thank you to Summer Staff**
II. **District Office Topics**
III. **Facilities Update, District Goals, Standards, Strategic Planning**
IV. **Curriculum/Assessment/Instruction Update**
V. **Technology Update**
VI. **After School Program Update**
VII. **List of Vendors for 2020-21 School Year**

Prepared by: Christina Bywater, Secretary to the Board

take care®
by WageWorks

Salary Redirection Agreement (SRA)

PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer _____ Social Security Number

Employee Name (First, Last)

Date of Birth (MM-DD-YYYY) Date Hired (MM-DD-YYYY)

Home (Street) Address APT.

City State Zip

Home Phone Email

Order an extra flex debit card for your spouse or dependent - 18 years or older. (Your card will be ordered automatically.)

Name of spouse or dependent (First, Last)

Employer to complete or enrollment cannot be processed.

Plan year start (MM/DD/YY) ____/____/____ and end ____/____/____. First payroll start date ____/____/____.

No. of Pays _____. Dept. _____.

OPTION 1 Health Care Account

☐ **YES** I elect to contribute $ (before taxes) for the PLAN YEAR, which is $ per pay period to fund my account that pays qualified out-of-pocket health care expenses that are not covered by my employer's health plan or any other health plan.

☐ **NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 Dependent Care Account

This pays for day care expenses for a dependent child, adult, or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12.

☐ **YES** I elect to contribute $ (before taxes) for the PLAN YEAR, which is $ per pay period to fund my account that pays qualified dependent day care or elder care expenses.

☐ **NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 3 Agreement to Save Taxes on Insurance Premiums

☐ **YES** On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

☐ **NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 4 Additional Benefit

(please insert description provided by your HR Department, if applicable) _____

☐ **YES** I elect to contribute $ (before taxes) for the PLAN YEAR, which is $ per pay period for funding reimbursement of this additional benefit outlined by my Human Resources Department.

☐ **NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

IMPORTANT – Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read, and understand the Summary Plan Description. I understand that the take care® Card is available to pay only qualified expenses and that qualified expenses paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

USE OF PERSONAL INFORMATION – In addition to and without limiting in any way the rights my employer, the Plan, their service provider and their respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to benefit elections, wages, employment status, number of dependents, marital status and health and dependent child care information) as is reasonably required to administer the Plan (including evaluating and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer, the Plan, their service provider and their respective agents, employees, subcontractors and assigns to further disclose any such personal information as is reasonably required for such purposes. I hereby expressly waive and release any claims related to the use, disclosure or release of such information so long as the information is used in furtherance of Plan administration or to detect or prevent fraud or misrepresentation.

Employee signature _____ Date _____

www.wageworks4me.com/takecare

WageWorks is a preferred vendor for the administration of Aflac's Cafeteria Plans (Health FSA and Dependent Day Care), Commuter Spending Accounts, and Health Savings Account (HSA) products and services. WageWorks is a separate entity from Aflac, and WageWorks will guarantee and warrant any products and services they offer based upon their own service policies.

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403(b) ENROLLMENT FORM

Please return this form to your Human Resources office after completing.

PARTICIPANT INFORMATION

School Name: _____ Hire Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Cell Number: _____ Home Number: _____

Social Security #: ☐☐☐-☐☐-☐☐☐☐ Marital Status: ☐ Single ☐ Married

Email: _____ Birth Date: _____

ENROLLMENT ELECTION

☐ **Regular 403(b) Contributions (pre-tax):** I elect to participate in the Plan and authorize a deduction from my paycheck in the amount of $ _____ or _____% of my salary per pay period.

☐ **Roth 403(b) Contributions (after tax):** I elect to participate in the Plan and authorize a deduction from my paycheck in the amount of $ _____ or _____% of my salary per pay period.

☐ **I do not wish to participate at this time:** Completion of Participant Info. above is still required.

I agree that my pay will be reduced in the manner I have indicated above and that those dollars will be deferred into the 403(b) Plan. This Elective Deferral Agreement will continue to be in effect while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it, and agree to its terms. In the event that an erroneous contribution or excess contribution is made to my account, I authorize my employer to make necessary corrections to ensure elective deferrals made to my account are in accord with the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Sections 402(g) and 414(v) and the annual additions limitations in Section 415(c). I have reviewed the respective website regarding the 403(b)(7) Custodial Account Agreement and I adopt the terms of the 403(b)(7) Plan and appoint MG Trust Company as custodian (does not apply if another custodian / annuity is chosen, subject to plan document and sponsor). I authorize MG Trust Company or its agent to perform those functions and appropriate administration services as specified. I understand fees will be collected by redeeming sufficient shares from my account balance or if money is common remitted to an outside vendor; fees can be collected during that process. Fees are calculated and collected quarterly in advance.

I authorize 403b Consultants LLC, ASPire and their agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/computer services. The parties will use reasonable procedures to verify the identity of the account holder and the person(s) granted trading privileges, if applicable when servicing an account by telephone. I understand that it is their policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided written authorization to the parties to grant trading privileges to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password to anyone, 403b Consultants LLC, ASPire and their agents are not liable for any losses that may occur from acting on unauthorized instructions.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences with regard to his/her selection of the annuity and / or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with 403b Consultants LLC. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with 403b Consultants LLC to make loans, transfers, apply for hardship distributions, or any other transaction.

Participant Signature: _____ Date: _____

LegalShield® | IDShield®



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages each
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** Will/Living Will/Health Care Power of Attorney
- **Non-criminal Moving Traffic Violation Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **Auto-Monitoring** Provides monitoring services directly upon enrollment using member-provided Personally Identifiable Information (PII) such as name, Social Security number and date of birth.
- **Hard Credit Inquiry Alerts** Monitors your credit report for new hard inquiries. When an inquiry is made by the creditor, a notification is triggered in real-time and you will receive an alert.
- **Credit Freeze and Fraud Alert Assistance** We help in placing a credit freeze and/or fraud alert on your credit reports.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **IDShield Plus Mobile App** Features include identity threat and credit inquiry alerts, the ability to track and edit monitored information and direct access to IDShield Licensed Private Investigators.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.

Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price (Monthly)	Individual Price (Monthly)
LegalShield	**$18.95**	**$18.95**
IDShield	**$18.95**	**$8.95**
Combined	**$33.90**	**$27.90**

Prepared for:

For more information, contact your Independent Associate:

Associate Name: Ann Giebler

Email: agiebler@cox.net
Mobile: 402.689.8678

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 years of age living at home or full-time students; dependent children under the age 18 for whom the member is the legal guardian; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A $1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

LegalShield®

Corporate Offices: One Pre-Paid Way • Ada, OK 74820
www.LegalShield.com • 800-654-7757

LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

OFFICE USE ONLY			
CWA		PLAN	
FOB		FRAN	
MODE		GR#	

Select Applicable Subsidiary:

- ○ Pre-Paid Legal Services, Inc.
- ○ Pre-Paid Legal Casualty, Inc.
- ○ Legal Service Plans of Virginia, Inc.
- ○ Pre-Paid Legal Services, Inc. of Florida
- ○ Pre-Paid Legal Access, Inc.

EMPLOYEE BENEFIT MEMBERSHIP APPLICATION

Today's Date ____/____/_____ (MM / DD / YYYY) **Time of Day** _____ ○ A.M. ○ P.M.

A $10 non-refundable fee ($25 for CDLP) is waived due to your employer offering this at work.
Home Business Supplement members should attach a document and provide:
1) business name, **2)** tax identification number, and
3) a general description of the business.

Please Choose plan:

- ○ Legal Plan ___ Individual ___ Family
- ○ IDShield ___ Individual ___ Family
- ○ Trial Defense Supplement ○ CDLP
- ○ Home Business Supplement
- ○ Other _____

1 Personal Information

The information you provide on this application is considered non-public information and LegalShield takes care to protect your information.

○ **Mr.** ○ **Mrs.** ○ **Ms.** **Applicant's SSN** _____ (For Internal Use Only) **DOB** ____/____/_____ (MM / DD / YYYY)

Applicant's Name _____ (Last) _____ (First) ____ (MI)

****Email** _____

***Co-Applicant's Name** _____ (Last) _____ (First) ____ (MI) **DOB** ____/____/_____ (MM / DD / YYYY)

****Email** _____

(*Co-Applicant refers to Spouse or Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, state or federal statute. Not applicable to Individual plans.)

Address _____ _____ (Apt.#/Ste.#)

_____ (City) _____ (State) _____ (Zip + 4)

(**Provide your email to receive member benefits. We do not sell your personal information to any third parties.)

Phone # (___) _____ (Business) _____ (Ext.) (___) _____ (Home) (___) _____ (Cell)

Please indicate below, on a voluntary basis, if you are either blind or deaf. All information will be kept confidential, and used only to enhance the services provided by LegalShield.

○ **Blind** ○ **Deaf**

Associate Use Only

Associate # _____ **Bus. Phone** (___) _____ **Associate SSN** _____ (If Licensed)

Associate Name _____ (Last) _____ (First) ____ (MI)

Associate Lic. # _____ (In Florida) **Producer Identification Name/Number** _____

APP.PD (5.15)

Associate Signature X _____

2 Dependent Information

If you have more than five (5) dependents, please attach a separate piece of paper.

Name Last First MI **DOB** MM / DD / YYYY

Name Last First MI **DOB** MM / DD / YYYY

Name Last First MI **DOB** MM / DD / YYYY

Name Last First MI **DOB** MM / DD / YYYY

Name Last First MI **DOB** MM / DD / YYYY

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, 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 is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
In OR, 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 concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I agree the contract sets forth the terms of my membership. Such terms include any exclusions and limitations. I agree to be bound by the contract, and its terms and conditions, which will be provided to me by LegalShield, unless I cancel the contract, which I may do at any time by calling 1-800-654-7757. LegalShield may send the contract to me at my email address unless I communicate in writing that I do not agree to delivery by electronic means. If I have not listed an email address, or if required by a particular state, the contract will be sent by mail. My membership cards will be sent by mail. I may ask for a mailed copy of the contract at any time, or if I have not received my contract in 10 days from this application, I can request a copy by calling Member Services at 1-800-654-7757. The contract, with this application, is the entire agreement between LegalShield and me with respect to the membership and there are no agreements or representations other than as set forth herein and in the membership contract.

I acknowledge that I purchased this membership plan in the city of _____ in the state of _____.
By signing this application I confirm I am legally residing in the United States and agree to the below Payroll Deduction Authorization, the membership fees selected below, and the terms of the selected membership plan.

Employer _____ **Occupation** _____

Signature of Applicant X _____

3 Payroll Deduction Authorization

Today's Date MM / DD / YYYY

Applicant's SSN _____ For Internal Use Only

Applicant's Name Last First MI

I hereby authorize (Company Name) _____

City State **to deduct** $ ☐☐☐.☐☐

per (Circle one: week / month / other _____) from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. I agree that the company will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that company's sole responsibility is to withhold and pay my membership fee to LegalShield.

Signature of Applicant X _____

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15 Areas of Law

1. Consumer/Finance

Any legal matter involving a dispute with a purchase of a product or service from a company or vacating of home, consumer loans.

Common Examples:

- Insurance
- Tax
- Bankruptcy
- Billing disputes
- Credit reports and repair
- Banking
- Vehicle financing issues
- Identity theft
- Loan modification
- Product liability
- Pay day loans/title loans
- Affidavit
- Repossession

2. Estate Planning

If you were to pass away with no Will, the state would determine what to do with your assets. Not ideal. Wills are included in LegalShield plans and can be updated yearly. You can start the process from the LegalShield app!

Common Examples:

- Will
- Probate
- Power of Attorney
- Living Will
- Trust
- Special Needs Trust
- Codicils

3. Traffic

Traffic laws and regulations vary from place to place. In many countries, the rules of the road are codified, setting out the legal requirements and punishments for breaking them. In the U.S., traffic laws are regulated by the states and municipalities through their respective traffic codes.

Common Examples:

- Automobile accident
- Suspended driver's license
- Motor vehicle property damage
- Driving record
- Traffic tickets (moving/parking)
- Driver's license reinstatement
- Rights to fight a citation received
- Rights as a CDL driver
- Points violations
- Impact of points on record

4. Family Law

Family law consists of a body of laws related to domestic relations and family-related issues.

Common Examples:

- Divorce
- Child guardianship/custody/visitation
- Child support
- Guardianship/conservatorship
- Elder law
- Adoption
- Name change
- Juvenile matters
- Paternity
- Incompetency defense
- Prenuptial agreements
- Legal Separation
- Grandparents rights
- Alienation of Affection

5. Landlord/Tenant

Any legal issue involving the agreement between a landlord and tenant. This could be questions either the landlord or tenant have on their rights regarding the rental of commercial or residential properties.
*Applies to landlords under applicable business plans only.

Common Examples:

- Eviction
- Rental
- Damages or repairs to home
- Rights to belongings in rental home
- Refund of deposit
- Wrongful eviction
- Steps to eviction
- Review of lease agreement
- Collection for past due rent
- Breach of rental agreement

6. Real Estate

Any legal issue involving purchasing or selling, renting or leasing real estate or questions pertaining to land and anything permanently affixed to land, such as buildings, fences and things attached to buildings.

Common Examples:

- Foreclosures
- Real estate closing
- Construction
- Oil and gas rights
- Mineral rights
- Zoning permits
- Boundary/title disputes
- Deeds
- Home equity loan
- Mortgage document services
- Refinancing of home
- Property tax assessments
- Timeshares
- Purchase of Home
- Selling of Home
- Air rights above the land and underground rights below

7. Employment

A broad area that encompasses the employee and employer relationship.
*Available on applicable personal and business plans.

Common Examples:

- Social Security
- Worker's compensation
- Administrative law
- Veteran's affairs
- Labor law
- Military law/security clearance
- Public service
- Federal worker's compensation
- Garnishment
- Discrimination complaints

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- Job applicant rights
- Employment protection
- Employment law and compliance
- OSHA

8. Civil Litigation

Any legal issue where an individual, entity, company, or corporation files a lawsuit in a court of law against another individual person, entity, company or corporation. When two or more parties become involved in a legal dispute, seeking money or another specific interpretation rather than criminal sanctions.

Common Examples:
- Small claims
- Lawsuit

9. Collection

Any legal issue involving collection of monies owed or if a collection agency is demanding payment from a member or covered business.

Common Examples:
- Debt collection letters
- Credit card collection
- Student loan collection
- Wage assignments
- Garnishment of wages
- Judgment collections
- Levies

10. General Law

Many times issues arise, and you may not be sure of the specific legal area. Consultation with your lawyer is always best to understand your rights and obligations.

Common Examples:
- Education
- Legal malpractice
- Jury Duty
- Discrimination

11. Business

A business is an activity or enterprise, regardless of formal organization entered into for a profit. Business licenses are required for virtually all businesses. Many businesses are required to have state as well as city or county licenses, and federal licenses may even be required for some businesses.

Common Examples:
- Business license, fees, etc.
- Corporate matters
- Trademarks
- Copyright
- Entertainment law
- Patents
- Franchise law
- Conflicts
- State and federal requirements
- State and federal differences

12. Criminal

Any legal issue involving a charge filed against an individual who has allegedly committed a criminal offense. As defined by laws, statues and rules that define acts and conduct that are prohibited by the government because they threaten and harm public safety and welfare and establish punishments for each type of crime. Crimes are usually categorized as felonies or misdemeanors based on their nature and the maximum punishment that can be imposed.

Common Examples:
- Firearm issues
- Domestic violence
- DUI
- Expungement of criminal records
- Drug possession

13. Contract

Any legal issue involving a contract review, creating a new contract or revision of a contract. A contract is any oral or written agreement associated with the exchange of goods and services, money and properties.

Common Examples:
- Promissory notes
- Employment contracts
- Lease agreements
- Intellectual property agreements
- Mineral rights owner agreements
- Custody agreements

14. Personal Injury

Personal injury is the result of the actions or negligence of another person or company. (*Applicable only to injuries not related to employment.) Personal injury covers situations in which a person's body, mind, or emotions are injured, usually due to someone else's negligence or carelessness. Another term for personal injury law is tort law.

Common Examples:
- Medical malpractice
- Wrongful death
- Automobile, bike and pedestrian collisions
- Trucking, boat and airplane accidents
- Construction accidents
- OSHA violations
- Premises liability
- Product liability
- Nursing home liability

15. Immigration

Any legal issue involving the movement into a foreign country for the purpose of permanent residency. Federal immigration law determines whether a person is an alien, and associated legal rights, duties, and obligations of aliens in the United states. It also provides means by which certain aliens can become naturalized citizens with full rights of citizenship. Immigration law determines who may enter, how long they may stay and when they must leave.

Common Examples:
- Green Card Permanent residency Visa
- Citizenship and naturalization

Ameriprise Financial



Do you have questions about the Schuyler Community Schools 403(b) program?

I can also answer your questions about the options you have for your 403(b) retirement plan — to help you make the most of your financial future.

If you'd like to review your retirement goals and discuss all your investment needs, please contact me for more information.



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To All Educators and Staff:

LegalShield and **IDShield** are two of your optional **NOW Benefits** that we are offering you and your family to sign up for with an Effective date of Sept. 1, 2020 through payroll.
Both of these plans cover you, your spouse or significant other and kids up to the age of 26 as long as they are dependent, living at home, never married or going to school full time.
I have attached the Overview Sheet, a Proposal of both benefits for your viewing, Top 15 Areas of Law and the Employee Application. Please give your completed application to Theresa by August 17th at the latest. If you are already enrolled in a previous year, you don't have to do anything as your membership will automatically continue.
LegalShield provides you with unlimited access to a dedicated law-firm in Lincoln, NE; Morrow, Poppe, Watermeir, Lonowski, without getting a bill in the mail. They provide everything from legal advice and consultation to helping you get your Estate Planning done, they also work to helping you keep traffic tickets off of your record (especially important for those of you who drive a bus). Our Members have shared that they have been using their legal plan during Covid-19 for refunds on sports, weddings, airline tickets, college tuition, for contracts & leases, purchasing a home, selling vehicles, elderly law, landlord issues, delaying payments, questions on their spouse's unemployment checks, stimulus checks, child care etc. **See Top 15 Areas of Law** in packet of all the ways you can use this plan; part of your Membership!
IDShield is one of the most comprehensive monitoring and restoration available in the country and has received National Recognition as being the Best Identity Theft service on the Market to date for two consecutive years! With over 20 layers of comprehensive monitoring, it monitors your identity being sold on the deep and dark web. It also monitors you and your kid's social media for reputation risk and inappropriate posts that your kids post or you are tagged in.
We continue to be the only identity theft service with license investigators that do the bulk of the work in bringing you back to pre-theft status as if it never happened.
A teacher up in Wasua, NE was hit with tax-identity theft last year and her Private Investigator took the load off her shoulders, brought her back to pre-theft status and then got her refund money back directly to her. She didn't have to take off work, use her sick days or vacation to handle it.
For those who already have it, please delete your mobile app off your phone and go download the New IDShield App in the App Store as they have added more new features to your plan without the added cost. Please make sure you have plugged in your personal information on the Monitor Tab of your IDShield so that you are getting the alerts!
We are seeing an upswing with unemployment identity theft, employment identity theft, medical identity theft, consolidation loans and phishing scams. During Covid-19, the thieves are having a hay day with your personal information as we are online more which we are exposing more of our personal information, purchasing more online- exposing our financial information and our kids are clicking on links when working online that they shouldn't. The thieves also know that your firewall protection on your home computer is not that secured. Please get protected so that you are in the know of who is using your information!
If you should have any questions, please feel free to contact me.
All my best this up and coming school year!

Ann Giebler LegalShield & IDShield agiebler@cox.net Direct: 402.689.86