



## San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

### MetLife Legal Plans Enrollment Form

**District Name:**

*Employee Information*

**Name**

Address:

**Street**

**City**

**Zip Code**

**Social Security Number:**

*Authorization*

I hereby elect to enroll in the MetLife Legal Plans **effective** \_\_\_\_\_.

I understand that my election will be in effect for one (1) plan year. To maintain this election, I authorize the District to deduct \$23.40 per month, for ten (10) months, from my pay warrant. I also understand that, subsequent to the initial enrollment plan year, a written cancellation notice will be required to cancel the coverage and stop the payroll deduction.

**Employee Signature:**

**Date:**