



## San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

### HYATT MetLaw Legal Plan Enrollment Form

**District Name:**

*Employee Information*

Name

Address:

**Street**

**City**

**Zip Code**

Social Security Number:

*Authorization*

I hereby elect to enroll in the Hyatt MetLaw Legal Plan 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: