



San Diego & Imperial County Schools
Fringe Benefits Consortium

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 \$23.10 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: