



## San Diego and Imperial County Schools

### Fringe Benefits Consortium Insurance Services, LLC

#### MetLife Legal Plans Enrollment/Cancellation Form

**District Name:**

**Employee Information – Please PRINT**

Name

Address:

**Street**

**City**

**Zip Code**

Social Security Number:

#### **Authorization**

I hereby elect to **enroll** in the MetLife Legal Plan at **\$19.50** monthly.

I hereby elect to **enroll** in the MetLife Legal Plan w/ *Parents Plus* at **\$25.50** monthly.

Effective Date of Coverage \_\_\_\_\_

*I understand that the Plan has a minimum participation period of one year and I must maintain the coverage for the entire year. To maintain this election, I authorize my employer to deduct \$19.50 or \$25.50 per month, for twelve (12) 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.*

I wish to **cancel** coverage from the MetLife Legal Plan effective \_\_\_\_\_.

Employee Signature:

Date: