San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plans
Enrollment/Cancellation Form

District Name:

Employee Information – Please PRINT

Employee Name:

Address:
Street

City

Zip Code

Social Security Number (required):

Authorization** – *Place a check mark in the box next to the appropriate election and deduction cycle for your pay warrant schedule

Use this section if your benefits are paid over 12-pay cycles.

☐ 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.

Use this section is your benefits are paid over 10-pay cycles.

☐ I hereby elect to ***enroll*** in the MetLife Legal Plan at **$23.40** tenthly.

☐ I hereby elect to ***enroll*** in the MetLife Legal Plan w/ *Parents Plus* at **$30.60** tenthly.

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 my selection above 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 _____. I have maintained the coverage for the 12-month minimum participation period.

Employee Signature: **Date:**