CLEAR FORM

PRINT FORM

SAN DIEGO & IMPERIAL COUNTY SCHOOLS

FBC Insurance Services, LLC
6401 Linda Vista Road, #505
San Diego, CA 92111-7319

MetLife Legal Plans Enrollment/Cancellation Form (Active Employees)

Name:			**District:**	
SS#	**Date of Birth:**		**Phone:**	
Street Address:		**City:**	**State:**	**Zip:**
Email Address:			**Effective Date:**	
Employee Action: ☐ **New Enrollment** ☐ **Change Coverage** ☐ **Cancel Coverage**				

PLAN OPTIONS

MetLife Legal Plans

Protect yourself and your family with affordable access to experienced attorneys for a wide range of personal legal matters, including estate planning, family law, real estate, identity theft, traffic matters, document preparation, and more.

Choose Your Coverage:

☐ **MetLife Legal Plan**

- Covers the employee, spouse/domestic partner, and eligible dependents.
- No deductibles, copays, claim forms, or usage limits when using a participating network attorney.

12thly Payroll Deduction Amounts:

☐ MetLife Legal Plan – $23.00 per month

☐ **MetLife Legal Plan Plus Parents**

- Includes some benefits of the MetLife Legal Plan, plus coverage for your parents, parents-in-law, and grandparents.
- Ideal for families who wish to provide legal assistance for aging parents, including wills, estate planning, and powers of attorney.
- No deductibles, copays, claim forms, or usage limits when using a participating network attorney.

12thly Payroll Deduction Amounts:

☐ MetLife Legal Plan Plus Parents – $28.00 per pay period

Premiums are deducted automatically through payroll. Coverage is subject to the terms and conditions of the MetLife Legal Plans. A participating network attorney must be used to receive covered services without deductibles, copays, claim forms, or usage limits. (see plan documents for details)

Employee Authorization

I understand that:

- My election or cancellation is subject to the eligibility requirements and terms of the MetLife Legal Plan.
- Payroll deductions will begin or end in accordance with my employer's payroll processing schedule and plan eligibility rules.
- By signing below, I authorize my employer to begin, change, or discontinue payroll deductions for the MetLife Legal Plan as indicated on this form.

Employee Signature: _____ **Date:** _____