



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plans Enrollment/Cancellation Form

Monthly

District Name:

Employee Information – Please PRINT

Name

Address:

Street

City

Zip Code

Social Security Number:

Authorization – *Place a check mark in the box next to the appropriate election

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 _____. I have maintained the coverage for the 12-month participation period.

Employee Signature:

Date: