



## San Diego and Imperial County Schools

### Fringe Benefits Consortium Insurance Services, LLC

HYATT MetLaw Legal Plan Enrollment Form
--

<b>District Name: LA MESA-SPRING VALLEY SD #0020</b>
--

<i>Employee Information</i>
-----------------------------

Name
------

Address:
----------

<b>Street</b>
---------------

<b>City</b>
-------------

<b>Zip Code</b>
-----------------

Social Security Number:
-------------------------

<i>Authorization</i>
----------------------

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 \$23.40 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:
-------