



# San Diego and Imperial County Schools

## Fringe Benefits Consortium Insurance Services, LLC

### MetLife Legal Plans Enrollment/Cancellation Form

**District Name:** SOUTHWESTERN COMMUNITY COLLEGE DISTRICT 0119

**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 **\$23.40**/tently.
- I hereby elect to **enroll** in the MetLife Legal Plan w/ *Plus Parents coverage* at **\$30.60**/tently.

Effective \_\_\_\_\_

*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 the District to deduct \$23.40 or \$30.60 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.*

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

**Employee Signature:**

**Date:**