



# 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 if 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:**