



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

HYATT MetLaw Legal Plan Enrollment Form

District Name: **FALLBROOK UNION HIGH SD #0041**

Employee Information

Name

Address:

Street

City

Zip Code

Social Security Number:

Authorization

I hereby elect to enroll in the Hyatt MetLaw Legal Plan 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 per month, for ten (10) months, from my pay warrant. I also understand that a written cancellation notice will be required to cancel the coverage, after the initial 12-month period, and stop the payroll deduction.

Employee Signature:

Date: