



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plans Enrollment/Cancellation Form

District Name: ALPINE UNION SD #0001

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: