



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

METLIFE LEGAL PLAN

(Retiree)

Enrollment Form

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

District Name: _____

Authorization:

I hereby elect to enroll in the MetLife Legal Plan effective _____.
I understand that my election will remain in effect for an entire plan year.

Signature

Date

Please return the completed enrollment form, along with your check for the yearly premium of \$234.00 made payable to the **FBC Legal Plan** to the following address:

San Diego County Schools Fringe Benefits Consortium
Attn: MetLife Legal Continuation/Retiree
6401 Linda Vista Road #505
San Diego, CA 92111