



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plans Enrollment Form

District Name:

Employee Information

Name

Address:

Street

City

Zip Code

Social Security Number:

Authorization

I hereby elect to enroll in the MetLife Legal Plans **effective** _____.

I understand that my election will be in effect for one (1) plan 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, subsequent to the initial enrollment plan year, a written cancellation notice will be required to cancel the coverage and stop the payroll deduction.

Employee Signature:

Date: