


**METLAW (HYATT LEGAL) PLAN
ENROLLMENT & DEDUCTION
AUTHORIZATION**

YES, I WANT TO ENROLL IN THE MetLaw (Hyatt Legal) Plan. This Plan is available to all employees in benefit eligible positions. Please complete this form and print clearly.

Employee Name: _____
 Last First MI

Social Security Number: _____ Home Zip Code _____ Work Phone Number: _____

I wish to accept enrollment into the MetLaw (Hyatt Legal Plan) and authorize the tenthly deduction of \$22.20 to be taken from my wages for this plan. I understand my enrollment in the Hyatt Legal Plan is in effect until cancelled by myself during open enrollment. This policy cannot be cancelled except during open enrollment.

Signature: _____  Date: _____
(Required for Processing)

BENEFITS USE ONLY	Pay Period Begin Date: _____
EMPL ID# _____	Plan Begin Date: _____
Processed by: _____ Date: _____	Validated by: _____