



Hyatt MetLaw Legal Plan

Palomar Community College District

HYATT MetLaw Legal Plan Enrollment/Termination Form
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Enrollment:	Termination:
<i>Employee Information</i>	
Name	
Address:	
Street	
City	
Zip Code	
Social Security Number:	
<i>Authorization</i>	
I hereby elect to enroll in the Hyatt MetLaw Legal Plan 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: