

## MetLaw® Enrollment Form for Pattonville School District

| Name:   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| Social Security Nur                                 | mber: -  | -  |  |
|   |  |  |  |
| Home Zip Code:                                      |  |  |  |
| \$15.40 per remain in eleduction son District. I au | month ( <b>\$7.70</b> per pay period<br>fect for the entire benefit pl<br>status or until I am no longer | nderstand there will be a payr<br>) for this benefit. I understand<br>an year, as long as I maintain p<br>an eligible employee of Pattor<br>strict to take the appropriate of<br>gram. | this election will<br>payroll<br>nville School |
| Signature   |  | Date   |  |
| Mail this form to:                                  | XXXXXXXXXX<br>Attn: XXXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXX   |  |  |
| Or fax it to:                                       | XXXXXXXXX<br>Attn: XXXXXXXXX   |  |  |

Group Legal Plans are provided by Hyatt Legal Plans, Inc., a MetLife Company, Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island.