

Smart. Simple. Affordable.®



Enrollment Form for Pattonville School District

Name: _____

Social Security Number: _____ - _____ - _____

Home Zip Code: _____

Yes, I wish to enroll in **Hyatt Legal Plans** and understand there will be a payroll deduction of **\$14.00** per month (**\$7.00** per pay period) for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I maintain payroll deduction status or until I am no longer an eligible employee of Pattonville School District. I authorize Pattonville School District to take the appropriate after-tax payroll deductions needed to maintain this program.

Signature

Date

Mail this form to: XXXXXXXXXXXX
Attn: XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Or fax it to: XXXXXXXXXXXX
Attn: XXXXXXXXXXXX

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.