

**The MetLaw Legal Plan**  
Hood College  
**7/1/19 – 6/30/20 Plan Year**  
**Enrollment Form**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Authorization:**

I hereby elect to enroll in The MetLaw Legal Plan for the plan year listed above. The cost is \$27.00 per month (\$12.47 per pay), by payroll deduction. I understand that my election will remain in effect for the entire plan year, or until I am no longer an eligible employee or I terminate employment with the Company. I authorize the Company to take the appropriate after-tax payroll deductions needed to maintain this election.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Plan Effective Date \_\_\_\_\_  
(Filled in by HR Department)

Subject to approval in some states. In certain states provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI and in Florida provided by Hyatt Legal Plans of Florida, Inc.