



## San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

### HYATT MetLaw Legal Plan Retiree Enrollment Form

District Name:

***Retiree Information:***

Name:

Address:

**Street**

**City**

**Zip Code**

Social Security Number:

***Authorization***

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 am required to pay the lump sum, annual premium of \$231.00, payable directly to:

Fringe Benefits Consortium  
6401 Linda Vista Rd / Rm #505  
San Diego, CA 92111

Retiree Signature:

Date: