



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plan Enrollment Form

District Name: FALLBROOK UNION ELEMENTARY SCHOOL DISTRICT

Employee Information:

Name: _____

Address: _____

City: _____ Zip Code: _____

Social Security #: _____

Authorization

I hereby elect to enroll in the MetLife 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: _____