



SAN DIEGO & IMPERIAL COUNTY SCHOOLS

FBC Insurance Services, LLC
6401 Linda Vista Road, #505
San Diego, CA 92111-7319

MetLife Legal Plans Enrollment/Cancellation Form (Retired Employees)

Name:		District:	
SS#	Date of Birth:	Phone:	
Street Address:	City:	State:	Zip:
Email Address:		Effective Date:	

PLAN OPTIONS

MetLife Legal Plans

Protect yourself and your family with affordable access to experienced attorneys for a wide range of personal legal matters, including estate planning, family law, real estate, identity theft, traffic matters, document preparation, and more.

Choose Your Coverage:

☐ MetLife Legal Plan

- Covers the retiree, spouse/domestic partner, and eligible dependents.
- No deductibles, copays, claim forms, or usage limits when using a participating network attorney.

Annual Premium Amount:

- ☐ MetLife Legal Plan – \$276.00 annually

☐ MetLife Legal Plan Plus Parents

- Includes some benefits of the MetLife Legal Plan, plus coverage for your parents, parents-in-law, and grandparents.
- Ideal for families who wish to provide legal assistance for aging parents, including wills, estate planning, and powers of attorney.
- No deductibles, copays, claim forms, or usage limits when using a participating network attorney.

Annual Premium Amount:

- ☐ MetLife Legal Plan Plus Parents – \$336.00 annually

Coverage is subject to the terms and conditions of the MetLife Legal Plans. A participating network attorney must be used to receive covered services without deductibles, copays, claim forms, or usage limits.

Please return completed enrollment form, along with a check or money order made payable to FBC Legal Plan and mailed to:

San Diego County Schools Fringe Benefits Consortium
Attn: MetLife Legal Continuation/Retiree
6401 Linda Vista Road #505
San Diego, CA 92111

Authorization

- I understand that:
- My election or cancellation is subject to the eligibility requirements and terms of the MetLife Legal Plan.
 - Annual payment is due in full upon enrollment.
 - By signing below, I understand that my election will remain in effect for an entire plan year.

Signature: _____ Date: _____