San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plans
Enrollment/Cancellation Form

District Name: San Diego Community College District **Employee ID:**

Employee Information – Please PRINT

Name

For contract employees only

Address:

Street

City

Zip Code

Social Security Number: **DO NOT ENTER / WE WILL DO SO FOR YOU**

Authorization

☐ I hereby elect to ***enroll*** in the MetLife Legal Plan at **$27.60**/tenthly.

☐ I hereby elect to ***enroll*** in the MetLife Legal Plan w/ *Plus Parents coverage* at $**33.60**/tenthly.

Effective 1/1/2027

I understand that the Plan has a minimum participation period of one year and I must maintain the coverage for the entire year. To maintain this election, I authorize the District to deduct $27.60 *or* $33.60 per month, for ten (10) months, from my pay warrant.

For Contract Employees Only

I understand that the above election will expire at the end of the plan year and I must make a new election each year to continue my MetLife coverage.

Employee Signature: Date: