

Hyatt Legal Plan

Enrollment Form - Payroll Deduction Authorization

Please complete and return this form to your Personnel Office

Name (please print): _____
Last First M.I.

Social Security Number: _____ Home Zip Code: _____

Work Location: _____

Authorization

I wish to ACCEPT enrollment in the Hyatt Legal Plan and authorize, now a or hereafter, the appropriate deductions to be taken from my wages for this plan. I understand my enrollment is effective for one full year, and cannot be cancelled until the next open enrollment period.

Employee's Signature: _____ Date: _____
Required for processing

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Hyatt Legal Plans

A MetLife Company

For Personnel Use Only

Miscellaneous Deduction Code #257 Monthly Premium: \$16.50 Effective Date: 7/1/2010

Date Processed: _____ Processed By: _____

Effective Date of Coverage: _____