

**THE FLORIDA DEPARTMENT OF TRANSPORTATION  
ENROLLMENT & DEDUCTION AUTHORIZATION  
FOR THE HYATT LEGAL PLANS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Work Location: \_\_\_\_\_

*I wish to ACCEPT enrollment into the HYATT LEGAL PLANS and authorize, now or hereafter, the appropriate deductions be taken from my wages for this Plan. I understand my enrollment in the HYATT LEGAL PLANS is effective for one full year, and cannot be canceled during that period.*

**Employee's Signature** (*Required for Processing*): \_\_\_\_\_ *Date:* \_\_\_\_\_

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PLEASE RETURN TO YOUR POST TAX BENEFITS ADMINISTRATOR

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PREMIUM TO BE DEDUCTED: \$7.29

HYATT LEGAL PLANS

MISC. DEDUCT. CODE: 257