

Hyatt Legal Plan

Enrollment Form – Payroll Deduction Authorization

Please complete and return this form to your Personnel Office.

Name: _____
Last First M.I.

Social Security Number: _____ Home Zip Code: _____

Cost Center: _____ Work Location: _____

I wish to ACCEPT enrollment in the Hyatt Legal Plan and authorize, now 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.

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

(For Personnel Use Only)

Miscellaneous Deduction Code #257

Monthly Premium: \$17.76

Date Processed _____ Processed By: _____

Effective Date of Coverage: _____