STATE OF FLORIDA

METLIFE LEGAL PLANS ENROLLMENT FORM

Please complete and return this form to Capital Insurance Agency

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

Home Address:_____
(please list the address that you would like to receive your MetLife Legal Plans information)

City:_____ **State:** _____

Social Security Number:_____ **Home Zip Code:** _____

State Agency: _____ **People First ID#:** _____

Date of Hire:_____

Authorization

I wish to ACCEPT enrollment in the MetLife 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.

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

For Personnel Use Only

Miscellaneous Deduction Code #257 **Monthly Premium: $17.25** **Biweekly Premium: $7.96**

Date Processed: _____ **Processed By:** _____

Effective Date of Coverage: 07/01/2022

MetLife

MetLife Legal Plans, Inc. | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114