

CITY OF ST. LOUIS

METLIFE LEGAL PLANS ENROLLMENT & CANCELLATION FORM

Please complete all required information, sign and return to Employee Benefits Section, 1114 Market Street, Suite 900.

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

Home Address: _____

City: _____ State: _____

Social Security Number: _____ Home Zip Code: _____

*This must be the Social Security Number of the City employee. Do not use spouse's SSN.

Telephone Number _____

Please Check One:

Yes, I want to enroll in the MetLife Legal Plan. I want to cancel my enrollment in the MetLife Legal Plan.

Authorization

I would like to enroll in the MetLife Legal Plan and I authorize a bi-weekly payroll deduction of **\$4.75** 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

Bi-weekly Premium: \$4.75

Effective Date:

Date Processed: _____ Processed By: _____

Effective Date of Coverage: _____

To learn more, visit info.legalplans.com and enter access code 9901177 or call 800.821.6400 Monday – Friday 8:00 am – 8:00 pm (EST/EDT).

