



# San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

## MetLife Legal Plans Enrollment/Cancellation Form

**District Name:**

Employee Information    Please PRINT

**Name**

Address:

**Street**

**City**

**Zip Code**

**Social Security Number:**

Authorization

I hereby elect to enroll in the MetLife Legal Plan at \$23.40/tenthly.

I hereby elect to enroll