

# The Hyatt Premier Legal Plan

## Enrollment Form

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

### Authorization:

I hereby elect to enroll in The Hyatt Premier Legal Plan effective \_\_\_\_\_.

I understand that my election will remain in effect for the entire plan year, or until I am no longer an eligible employee or I terminate employment with the College. I authorize the College to take the appropriate after-tax payroll deductions needed to maintain this election.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Group Legal Services plans are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, the Plan is provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company, Warwick, RI., and in Florida by Hyatt Legal Plans of Florida, Inc.