



Enrollment Form for City of Petaluma

Name: _____

Social Security Number: _____ - _____ - _____

Home Zip Code: _____

Location/Store Number: _____

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Yes, I wish to enroll in **MetLife Legal Plans** and understand there will be a payroll deduction of **\$21.00** per month for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I maintain payroll deduction status or until I am no longer an eligible employee of **City of Petaluma**. I authorize MetLife to take the appropriate after-tax payroll deductions needed to maintain this program.

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I wish to terminate my current **MetLife Legal Plans** coverage effective _____(date)

Signature

Date

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Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.