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Hyatt Legal Plans

A MetLife Company

MetLaw®

Enrollment Form for

Palm Springs Unified School District

Name: _____

Social Security Number: _____ - _____ - _____

Home Zip Code: _____

Yes, I wish to enroll in **MetLaw®** and understand there will be a payroll deduction of **\$21.60** per month (10 month payroll deduction) 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 Palm Springs USD. I authorize Palm Springs USD to take the appropriate after-tax payroll deductions needed to maintain this program.

Signature

Date

Mail this form to: Palm Springs USD
Attn: Benefits Department
980 Tahquitz Cyn Way
Palm Springs, CA 92262

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