



Hyatt Legal Plans Enrollment Form



Last Name		M.I.	First Name			Adding <input type="checkbox"/>		Canceling <input type="checkbox"/>	
Social Security #		Employee ID		Marital Status		Date of Birth		Gender	
Home Address (Number, Street, Apt #)				City		State	Zip Code	Mail Station	
Home Phone			Home Cell			Home Fax			
Work Phone			Work Cell			Work Fax			
Home E-mail					Work E-mail				

I hereby enroll into the Hyatt Legal Plan and authorize MEA, now & hereafter to take the appropriate deductions from my wages or pension for this benefit. I understand my enrollment in the Hyatt Legal Plan is in effect for one calendar year and cannot be canceled during this period. I also understand that my enrollment will renew each year, at the current plan rates, unless I submit a termination notice within the enrollment period which is during the month of June each year. I further understand the exclusions and limitations outlined in the plan brochure.

Signature: _____ **Date:** _____

Please Return Forms to: MEA Benefits Department: Fax 619-821-8925 | E-mail Benefits@sdmea.org
Phone 888-217-9175 | P.O. Box 34547 San Diego, CA 92163-4547 | MS 126