



Enrollment Form for Washington Counties Insurance Fund

Name:

Social Security Number: - -

Home Zip Code:

Plan Number: 9907376

Yes, I wish to enroll in **MetLife Legal Plans** and understand there will be a payroll deduction of **\$20.75** per month for this benefit. I understand this election will remain in effect for the entire benefit plan year, if I maintain payroll deduction status or until I am no longer an eligible employee of **Washington Counties Insurance Fund**. I authorize **Washington Counties Insurance Fund** to take the appropriate after-tax payroll deductions needed to maintain this program.

I wish to terminate my current **MetLife Legal Plans** coverage effective 01/01/2025.

Signature

Date

Return this form to your: **Benefits Department**

***If you are currently enrolled with coverage and wish to remain enrolled, a new application is not required.**

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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.