



San Diego and Imperial County Schools

Fringe Benefits Consortium Insurance Services, LLC

MetLife Legal Plan Retiree Enrollment Form

District Name: POWAY UNIFIED SCHOOL DISTRICT #0061

<i>Retiree Information:</i>

Name:

Address:

Street

City

Zip Code

Social Security Number:

<i>Authorization</i>

I hereby elect to enroll in the MetLife Legal Plan effective _____.

I understand that my election will be in effect for one (1) plan year. To maintain this election, I am required to pay the lump sum, annual premium of \$234.00 , payable directly to:

Fringe Benefits Consortium Attn: MetLife Legal/Retiree 6401 Linda Vista Rd #505 San Diego, CA 92111
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Enrollment form must be received by the FBC no later than December 3, 2021.

Retiree Signature:

Date:
