

# Clackamas County

## METLIFE LEGAL PLANS ENROLLMENT & CANCELLATION FORM

Name (please print): \_\_\_\_\_  
*Last* *First* *M.I.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Please Check One:

Yes, I want to enroll in the Legal Plan.

I want to cancel my enrollment in the Legal Plan.

### Authorization

Yes, I wish to enroll in the Legal Plan and understand there will be a payroll deduction of **\$17.30 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 Clackamas County. I authorize Clackamas County to take the appropriate after-tax payroll deductions needed to maintain this program.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Required for processing*

### For Personnel Use Only

Monthly Premium: \$17.30

Effective Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

To learn more, visit [info.legalplans.com](http://info.legalplans.com) and enter access code 1500317 or call 800.821.6400 Monday – Friday 8:00 am – 8:00 pm (ET).

