



Utah State University
MetLife Legal Plan
Enrollment Form

Cost to Employee: \$21.25 a month

Your Name: _____
First Middle Last

Employee Number (Required): _____

Phone# & Email Address: _____

I hereby elect to enroll in the MetLife Legal plan, effective July 1, 2024. I understand that my election will remain in effect for the entire plan year, or until I am no longer an eligible employee, or my employment is terminated. I authorize Utah State University to take the appropriate after-tax payroll deductions (\$21.25/month needed to maintain this election. I understand that once enrolled in the Plan, my coverage will be automatically renewed unless I proactively cancel it during the open enrollment period.

Signature _____
Date

I would like to waive my current enrollment for the MetLife Legal plan. I understand that my last day of coverage will be June 30, 2024.

Signature _____ Date _____

(Signature Required for processing)

Please Return to:

USU Human Resources

Email: hr@usu.edu Fax: 435-797-1816