

MetLife Legal Plans
Enrollment Form for
**Research Foundation for Mental
Hygiene, Inc.**

Name (please print clearly): _____

Work Email Address: _____

Work Phone Number: _____

Social Security Number: - - _____

Home Zip Code: _____

Yes, I wish to enroll in **MetLife Legal Plans** and understand there will be a payroll deduction of **\$9.00** per pay period 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 Research Foundation for Mental Hygiene, Inc. I authorize Research Foundation for Mental Hygiene, Inc. to take the appropriate after-tax payroll deductions needed to maintain this program.

I wish to terminate my current **MetLife Legal Plans** coverage effective 12/31/2020

Signature

Date

Send this form to: Research Foundation for Mental Hygiene, Inc.
 150 Broadway, Suite 301 Menands, NY12204

Send Completed form to: Payroll-HRProcessing@fmh.org

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

Group Legal Plans are provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island.