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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 **MetLaw®** and understand there will be a payroll deduction of **\$18.00** 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 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail this form to: Research Foundation for Mental Hygiene, Inc.  
Central Office Human Resources  
150 Broadway, Suite 301 Menands, NY 12204

Or email to: [Payroll-HRProcessing@rfmh.org](mailto:Payroll-HRProcessing@rfmh.org)

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