

# 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 (first two payrolls of each 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.

I wish to terminate my current **MetLife Legal Plans** coverage effective 12/31/2023

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Or email this form to:** [Payroll-HRProcessing@rfmh.org](mailto:Payroll-HRProcessing@rfmh.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.