



# VOLUNTARY PLAN

| Employee Information   |   |                  |  |
|--|---|------------------|--|
| Employee Name<br><i>(last, first, middle initial)</i>              |   |                  |  |
| Social Security #  |   | Employee I.D. #  |  |
| Date of Birth  | <input type="checkbox"/> Female <input type="checkbox"/> Male |                  |  |
| Employee Address<br><i>(street address, city, state, zip code)</i> |   |                  |  |
| Telephone (Work)   |   | Telephone (Home) |  |

YES, I WOULD LIKE TO ENROLL IN THE VOLUNTARY HYATT LEGAL PLAN. (\$18 / tenthly rate)

NO, I WOULD LIKE TO CANCEL MY VOLUNTARY HYATT LEGAL PLAN. I UNDERSTAND THAT I MUST REMAIN IN THE PLAN UNTIL THE END OF THE PLAN YEAR.

**PLEASE READ AND SIGN THIS FORM**

- I authorize for my employer to deduct from my wages the premium for this plan

|                    |      |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

***This plan will be effective October 1<sup>st</sup> of each plan year. Once you enroll, you must remain on the plan for the entire plan year (until next open enrollment in August).***