

# MetLife Legal Plans

Enrollment Form for

## South Orange County Community College District

Name: \_\_\_\_\_

Yes, I wish to enroll in **MetLife Legal Plans** and understand there will be a one-time payroll deduction of **\$186.00** for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I am an eligible employee of South Orange County Community College District. I authorize SOCCCD to take the appropriate after-tax payroll deduction needed to maintain this program.

I wish to terminate my current **MetLife Legal Plans** coverage effective 10/01/2021

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form no later than September 15, 2021.**

**Send this form to: South Orange County Community College District  
Attn: Office of Payroll & Employee Benefits  
28000 Marguerite Parkway  
Mission Viejo, CA 92692**

**Or fax this form to: (949) 364-9447  
Attn: Office of Payroll & Employee Benefits**

**Or email this form to: [benefitsinfo@socccd.edu](mailto:benefitsinfo@socccd.edu)**

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.