



The Hyatt Legal Plan

A M E T L I F E C O M P A N Y

EMPLOYEE DATA

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

Employee Number	Date of Birth	Work Phone	<input type="checkbox"/> Staff	<input type="checkbox"/> Local 11	<input type="checkbox"/> Faculty	<input type="checkbox"/> Bi-Weekly
			<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> RDP	<input type="checkbox"/> Monthly
	Home Phone		Email Address			

ENROLLMENT / CANCELLATION SECTION

Please Check One:

- Yes, I want to enroll in the Hyatt Legal Plan. I wish to cancel my enrollment in the Hyatt Legal Plan.
(Can only be done during open enrollment)

PAYMENT AGREEMENT

(I wish to Accept enrollment into the Hyatt Legal Plan and authorize the appropriate deductions be taken from my wages for this Plan. I understand my enrollment in the Hyatt Legal Plan is in effect for the plan year and cannot be cancelled during that period.

Signature X _____ Date _____
(Required for processing)

EMPLOYER AUTHORIZATION

USC Benefits Office Use Only

Pay Period Effective Date: _____ Plan Effective Date: _____

Return form to: **Benefits Administration / HSC Personnel Services**
CUB KAM 409
MC 0704 MC 9030
Or Fax to: **(213) 740-3875 (323) 442-3700**