MetLife	METLIFE LEGAL ENROLLMENT FORM	Group Name STATE OF FLORIDA

CAUTION: Any person who knowlingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containging any false, incomplete or misleading information is guilty of a felony of the third degree.

CAUTION: Employee must complete sections 1-12. Review plan details before completing an enrollment form.

NOTE: Eligible class of employees – all active full-time employees in participating agencies.

1. Employee Name			
2. Employee Mailing Address		3. Date of Birth / /	4. Gender ☐ Male ☐ Female
5. Cell Phone Number ( )	6. Social Security Number	7. Personal Email Address	
8. Agency and County of Work Location		9. People First ID #	10. Hire Date (*Full-Time*) / /

11. I hereby apply for a MetLife Legal Plan. I understand that the Company may decline to accept this application if it is not completed during the enrollment periods predetermined by the Company and the Sponsoring Employer. I further understand that, if accepted, my coverage will take effect (if actively at work) on the day following the end of the payroll period in which the first payroll deduction is made. I also certify that I am an Employee of the Sponsoring Employer in an Eligible Class (as specified above), and authorize my Employer to deduct from my earnings an amount sufficient to pay the premium for this insurance. I hereby acknowledge that I have received the outline of coverage describing insurance for which I am now applying.

12. Payroll Deduction Authorization	Employee Signature:	Date:

Licensed Resident Agent: Douglas Moore, LUTCF, CSFP President & CEO, Capital Insurance Agency, Inc.	Local Sales Agent:

FOR PERSONNEL USE ONLY

Miscellaneous Deduction Code 0257	Date Processed	Processed By	Effective Date of Coverage
Monthly Premium: $20.75 Bi-Weekly Premium: $9.58			

(rv. 05/2025)