

# The Hyatt Premier Legal Plan

## Enrollment / Termination Form

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

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

### Authorization:

I hereby elect to enroll in The Hyatt Premier Legal Plan.

I understand my election will remain in effect for the entire plan year, or until I am no longer an eligible employee or I terminate employment with the Company. I authorize the Company to take the appropriate after-tax payroll deductions needed to maintain this election.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please terminate my coverage in The Hyatt Legal Plan effective on the last day of the current plan year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Effective Date \_\_\_\_\_  
(Filled in by SR Department)

Subject to approval in some states. In certain states provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI and in Florida provided by Hyatt Legal Plans of Florida, Inc.