



Hyatt Legal Plans Enrollment Form



Last Name	M.I.	First Name			
			Adding <input type="checkbox"/> Canceling <input type="checkbox"/>		
Social Security #		Employee ID	Marital Status	Date of Birth	Gender
Home Address (Number, Street, Apt #)			City	State	Zip Code
Home Phone		Home Cell		Home Fax	
Work Phone		Work Cell		Work Fax	
Home E-mail			Work E-mail		

I hereby enroll into the Hyatt Legal Plan and authorize SDPEBA, now & hereafter to take the appropriate deductions from my wages or pension for this benefit. I understand my enrollment in the Hyatt Legal Plan is in effect for the full plan year and cannot be canceled during this period. I also understand that my enrollment will renew each year, at the current plan rates, unless I submit a termination notice within the enrollment period which is during the month of June each year. I further understand the exclusions and limitations outlined in the plan brochure.

Signature: _____ Date: _____

Please Return Signed Forms to:

Fax: 619-431-3078	E-mail: info@sdpeba.org	Phone: 888-315-8027
9620 Chesapeake Drive, Ste 203-B, San Diego, CA 92123		