



Nevada System of Higher Education
Group Legal Plan

MetLaw[®]

Enrollment Form

Enrollment Period: March 2, 2009 to March 27, 2009
Plan Year Period: April 1, 2009 to March 31, 2010

Name: _____

Employee ID: _____

Institution: _____

Zip Code: _____

Work Telephone: _____

Authorization: (check the appropriate box)

I hereby elect to enroll in MetLaw[®] effective: APRIL 1, 2009

I wish to CANCEL my enrollment in the legal plan effective: MARCH 31, 2009

I understand that 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 NSHE. I authorize the NSHE to take the appropriate after-tax payroll deductions needed to maintain this election.

Signature

Date

Group Legal Services plans are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, the Plan is provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI.

**CSN Employees - please submit this form to
Kathryn Eghoian, Office of Human Resources,
W40E, or Fax to 651-5778**

