

NORTH CAROLINA STATE UNIVERSITY

LEGAL PLAN

ENROLLMENT/CANCELLATION FORM

Yes, I choose to enroll in the NC State Legal Plan. I understand that the plan will become effective the first of the month following my payroll deduction.

PART A: YOUR INFORMATION

PAY PERIOD: Monthly
 Bi-Weekly

Name: _____ SS Number: _____ - _____ - _____
(Last) (First) (Middle)

Address: _____ City _____ State _____ Zip Code _____

Campus Telephone: (_____) _____ Campus Box Number _____
(Area Code)

PART B: ENROLLMENT

I understand that the payroll deduction for this plan is \$9.00 per month. I hereby authorize my employer to deduct the employee contribution required for this coverage from my earnings.

I also understand that my enrollment in the plan will remain in effect for the entire calendar year and all future years until I revoke by written notice to cancel my enrollment according to Part C of this form.

Signature required: _____ Date: _____

PART C: ANNUAL CANCELLATION OPTION

I wish to cancel my enrollment in the NC State Legal Plan. I understand that I will not be able to re-enroll until the next open enrollment period.

Signature required: _____ Date: _____

QUESTIONS:

To learn more about the NC State Legal Plan or to locate a Plan Attorney, please call Hyatt Legal Plans' Client Service Center at (800) 821-6400 Monday through Thursday 8 a.m. to 7 p.m. and Friday 8 a.m. to 6 p.m. (Eastern Time). Or visit the Hyatt web site anytime at Legalplans.com – your password is: 2660010

NOTE: Please keep the last copy of this form and forward the top 2 pages to:

University Benefits Department, Campus Box 7215
North Carolina State University, Raleigh, NC 27695

University Benefits Department Use Only

Hire Date: _____

Deduction Code: 740

TOP COPY: UNIVERSITY BENEFITS DEPARTMENT BOTTOM COPY: EMPLOYEE