



Nevada System of Higher Education
Group Legal Plan

MetLaw[®]

Mid-Year New Hire Enrollment form
Plan Year: April 1, 2011 through March 31, 2012

Name: _____

Employee ID: _____

Institution: _____

Zip Code: _____

Work Telephone: _____

Authorization: (check the appropriate box)

I hereby **ELECT** to enroll in MetLaw[®] effective: _____ 1, 20 _____

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 acknowledge that I may cancel my MetLaw participation only during the scheduled open enrollment period. I authorize NSHE to take the appropriate after-tax payroll deductions needed to maintain this election. I understand that the monthly deduction for the Metlaw[®] legal program will be taken from my paycheck in the month prior to my effective coverage date. I will have access to covered legal services on the first day of the following month.

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.

Please return or fax this form to:

FAX: (775) 784-4221

BCN-HR Benefits Dept.

70 Artemesia Way, Room 2 MS-240

Reno, NV 89557