

Hyatt Legal Plans, Inc.
The Comprehensive Legal Plan

2009 Enrollment Form

Name: _____

Social Security Number: _____ - _____ - _____

Zip Code: _____

Work Location: _____

Work Telephone: _____

Authorization:

I hereby elect to enroll in The Comprehensive Legal Plan effective _____ . 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 Company. I authorize the Company to take the appropriate \$15.00/per month after-tax payroll deductions needed to maintain this election.

Signature

Date

Office Use Only:

Employee Id: _____

Agency: _____

Payroll: LAG _____ REGULAR _____