THE HYATT LEGAL PLAN
ENROLLMENT/CANCELLATION FORM

Clear

Please Check One:

☐ **Yes, I want to enroll in the Hyatt Legal Plan.**

☐ **I wish to cancel my enrollment in the Hyatt Legal Plan.**

Employee Name:_____
Last *First* *MI*

Social Security Number:_____ Home Zip Code:_____ Work Phone:_____

I wish to Accept enrollment into the Hyatt Legal Plan and authorize the appropriate deductions be taken from my wages for this Plan. I understand my enrollment in the Hyatt Legal Plan is in effect for the plan year and cannot be cancelled during that period.

Signature:_____ Date:_____
(Required for processing)

BENEFITS USE ONLY
Pay Period Effective Date: _____ Plan Effective Date: _____