



SEANC - State Employees Association of North Carolina

METLIFE LEGAL PLANS ENROLLMENT FORM

Name (please print: _____
Last First M.I

Home Address: _____

City: _____ State: _____

Social Security Number: _____ Home Zip Code: _____

SEANC ID#: _____ Email Address: _____

Work Phone: _____

Authorization (Your effective date will be assigned by SEANC)

I, the undersigned, hereby elect to enroll in the SEANC Legal Plan, and authorize SEANC to deduct the appropriate amount from my wages/pension. I understand that my election will remain in effect for 12 consecutive months, and will automatically renew thereafter, unless I opt out or I terminate membership with SEANC. I further authorize my employer to deduct SEANC membership dues from my wages/pension on a monthly basis, in such amounts as are currently established pursuant to the SEANC bylaws, or in such adjusted amounts as may be approved by the membership subsequent to the date of this authorization.

Employee's Signature: _____ Date: _____
Required for processing

Mail or fax form to Member Benefits Department, 1621 Midtown Place, Raleigh, NC 27609
(fax: 919-792-3321 or 800-896-4999)

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI



MetLife Legal Plans, Inc. | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

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