
EMPLOYEE INFORMATION

Employee ID _____
First Name _____ Middle _____ Last Name _____
Address _____ City _____ State _____ Zip Code _____
E-mail Address _____ Phone Number _____ Campus Box _____

ENROLLMENT OPTION

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. 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 by completing this form to cancel my enrollment during **annual enrollment**.

ANNUAL CANCELLATION OPTION (can only be done during annual enrollment period)

I wish to cancel my enrollment in the NC State Legal Plan (**can only be done during annual enrollment period**). I understand that I will not be able to re-enroll until the next annual enrollment period.

To learn more about the NC State Legal Plan or to locate a plan attorney, please call **Hyatt Legal Plans' Client Service Center** at **1 (800) 821-6400** Monday through Thursday 8 a.m. to 7 p.m. and Friday 8 a.m. to 6 p.m. (Eastern Standard Time). Or visit the Hyatt web site anytime at **www.hlpinfo.com** - the password is: **2660010**.

Employee Signature _____ Date _____

Submit completed form to HR Benefits:

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Fax Number: (919) 513-2528
E-mail: hrsbenefits@ncsu.edu

Physical Address:
Administrative Services - Bldg II
2711 Sullivan Dr., Suite 200