MetLife Vision & Legal Enrollment From: **Effective Date (60 days after Date of Hire) _____**

Employee Information (Complete for all Employees):		
Employer Name/ Company Name Kean University **Group 5397321**	**Division _____** **Class _____** **0001 12 Month/0002 10 Month**	
Employee First Name/Last Name	**Social Security Number**	**Date of birth**
Street Address/ City/ State/ Zip		
Gender	**Hire Date**	**Email**

Voluntary Coverage NOTE: Please mark the boxes for each coverage and tier you are applying.

Type of Coverage	**Yes, authorizes my employer to payroll deduct premiums(s):**	**Monthly Deduction**
MetLife Vision (5397321)	☐ Yes ☐ No – Please check tier below	
- Employee Only		☐ $8.48
- Employee + Spouse		☐ $16.96
- Employee + Child(ren)		☐ $19.69
- Family		☐ $30.26
Type of Coverage	**Selecting yes authorizes my employer to payroll deduct premiums(s):**	**Monthly Deduction**
MetLife Legal (9245797)	☐ Yes ☐ No – Please check tier below – $21.25	

Dependent and other insurance information (complete for all dependents)				
	Last Name:	**First Name:**	**Gender**	**Date of Birth**
Spouse:				
Child:				
Child:				
Child:				

Signature Section:
My signature below indicates that I have read the descriptive material provided and understand the options available to me. I have indicated my elections above and authorize my Employer to reduce my paycheck in an amount equivalent to the required contribution for the benefits I have elected. I understand that my payroll deduction amount will change if my coverage or costs change.

On behalf of myself and as agent of my spouse and all my named dependents, if any, I hereby authorize the release of any and all medical information and/or records in the possession of any health care provider, insurance company, or other person and/or company or its agents. The release shall continue to be in effect for the duration of my coverage and so long as necessary to determine benefits provided by the program. I represent that the information provided on this form is correct and complete to the best of my knowledge and that I have read and do hereby agree to the conditions of enrollment set forth above

Employee Signature: _____ Date: _____