

Smart. Simple. Affordable.®

Hyatt Legal Plans

A MetLife Company

MetLaw®
Enrollment Form for
I.A.T.S.E. Local 52

Name: _____

Home Address: _____

Telephone Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____



Yes, I wish to enroll in **MetLaw®** and understand there will be an Electronic Fund Transfer of **\$21.00** per month for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I maintain payment status or until I am no longer an eligible member of I.A.T.S.E. Local 52. I authorize Timely Payment Administrators to take the appropriate premium needed to maintain this program.

Signature

Date

Mail this form to: MBM Insurance Services, Inc.
Attn: Enrollment
5550 Merrick Rd, Suite 203
Massapequa, NY 11758

Fax it to: (516) 795 - 4392
Attn: Michael Murphy

Or email to: Enroll@mbminsurance.com

Subject to approval in some states. In certain states provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI and in Florida provided by Hyatt Legal Plans of Florida, Inc.



TIMELY PAYMENT ADMINISTRATORS

1 Overlea Court

Massapequa Park, NY 11762



Ph: 516-858-7298 | Fax: 516-795-4392

I(We) do hereby authorize Timely Payment Administrators hereafter named COMPANY, to initiate Recurring (debit) entries to (my/our) account indicated at the depository financial institution named below, hereafter named FINANCIAL INSTITUTION. I further authorize COMPANY to initiate an adjusting or correcting entry as necessary. Finally, should any such debit(s) be returned for any reason, I(we) authorize the COMPANY to collect such debt(s) electronically from the same account identified below.

What is the EFT plan?

- The EFT plan allows COMPANY to pay your policy premiums by automatically withdrawing funds from your FINANCIAL INSTITUTION account monthly.

How much will be deducted from my account?

- We will only deduct premium payments according to the payment schedule outlined in your policy plus an administrative fee.

How can I cancel the EFT plan?

- Call MBM Insurance Services, Inc at 516-795-8248 to request a cancellation form. Once we receive your request, we will cancel the plan within 7-10 business days.
- We may cancel the plan without notice if a withdrawal is not honored or 30 days after we provide written notice to you.

Please complete the information below:

Bank Name _____	Account Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number _____	Bank Routing # _____	
RECURRING DEBITS		
Payment Start Date: _____	Amount: _____	Number of Payments: Continuous
*charge will appear as "XXX"		

This Authorization is to remain in full force and effect until the COMPANY has received a written cancellation form from me (or either of us) of its termination.

SIGNATURE _____

DATE _____

PRINTED NAME _____