

# HYATT LEGAL PLAN ENROLLMENT APPLICATION

Coverage will commence upon receipt by EAA of the initial deduction and it will terminate immediately upon cessation of payroll deductions.

*Name* \_\_\_\_\_ *SSN* \_\_\_\_\_

*Address* \_\_\_\_\_ *City/State/Zip* \_\_\_\_\_

*Work Phone* \_\_\_\_\_ *Home Phone* \_\_\_\_\_

*Name of Spouse* \_\_\_\_\_

*Unmarried Dependent Children*

*Date of Birth (Month/Day/Year)*

_____	_____
_____	_____
_____	_____

Please enroll me in the Hyatt Legal Plan. I understand and agree that my enrollment, and payment of \$8.00 per pay, entitles me to participate in the Hyatt Legal Plan. I agree that my membership in the Plan shall continue until my deduction terminates, or until I advise the EAA of my desire to terminate my membership. I understand that enrollment in the Plan carries a minimum membership obligation of one (1) year from the date of enrollment.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Complete the above Enrollment Application.**

**Return form to: EAA INSURANCE SERVICE  
1-F-21 Operations Building  
6401 Security Boulevard  
Baltimore, Maryland 21235**