

THE FLORIDA DEPARTMENT OF TRANSPORTATION
ENROLLMENT & DEDUCTION AUTHORIZATION
FOR THE HYATT LEGAL PLANS

Last Name: _____ First Name: _____ M.I: _____

Social Security Number: _____ People First ID Number: _____ Home Zip Code: _____

Date of Hire: _____ Work Location: _____

I wish to ACCEPT enrollment into the HYATT LEGAL PLANS and authorize, now or hereafter, the appropriate deductions be taken from my wages for this Plan. I understand my enrollment in the HYATT LEGAL PLANS is effective for one full year, and cannot be canceled during that period.

Employee's Signature (Required for Processing): _____ Date: _____

PLEASE RETURN TO YOUR POST TAX BENEFITS ADMINISTRATOR

PREMIUM TO BE DEDUCTED: \$7.29

HYATT LEGAL PLANS

MISC. DEDUCT. CODE: 257

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