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**Hyatt Legal Plans**

A MetLife Company

MetLaw®  
Enrollment Form for  
**Hancock Lumber Company, Inc.**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Zip Code: \_\_\_\_\_

Yes, I wish to enroll in **MetLaw®** and understand there will be a payroll deduction of **\$ 19.60** per month (**\$4.52** per pay period) for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I maintain payroll deduction status or until I am no longer an eligible employee of Hancock Lumber Company, Inc. I authorize Hancock Lumber Company, Inc. to take the appropriate after-tax payroll deductions needed to maintain this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail this form to: Hancock Lumber Company  
Attn: Lisa Potvin  
4 Edes Falls Road  
Casco, ME 04015

Or fax it to: 207-627-4372  
Attn: Lisa Potvin

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.