

LEGAL SERVICES

GET COST EFFECTIVE LEGAL HELP FOR LIFE'S BIG MOMENTS

Life is full of moments where you need legal help. From buying a home to handling a speeding ticket, MetLife Legal Plans makes it easy and cost effective to get expert legal assistance whenever you need it.



For Los Angeles City, Los Angeles County, and CA State Employees

PREMIUMS ARE CONVENIENTLY PAYROLL DEDUCTED!



MetLife Legal Plans makes it easy to get the legal help you need throughout your life with no copays, deductibles or claim forms when using a network attorney for a covered matter.

Comprehensive legal coverage for just \$21.00/month (individual) or \$22.50/month (family)

- No copays, deductibles, or claim forms for covered services
- Access to over 18,000 experienced attorneys
- Unlimited access for covered legal matters
- Convenient payroll deduction of premiums

Family Coverage:

This plan extends to you, your legally recognized spouse or domestic partner, and any unmarried children under 26 years old.

How it works:

1. Choose an attorney from our extensive network
2. Consult by phone, email, or in person
3. Get representation in court (for certain matters)
4. Use out-of-network attorneys with reimbursement option

Choose an attorney near you from our network of over 18,000 attorneys and work with them by phone, email or in person. And for certain legal matters, your attorney may be able to represent you in court without you having to make an appearance. You can also use an out-of-network attorney and get reimbursed for covered services according to a set fee schedule.¹

¹ You will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.

Our legal plan covers many of the most frequently needed personal legal matters:

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense Identity Management Services¹ 	<ul style="list-style-type: none"> Negotiations with Creditors Personal Bankruptcy Promissory Notes 	<ul style="list-style-type: none"> Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies 	<ul style="list-style-type: none"> Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Caregiving (Family First)² Conservatorship Demand Letters Divorce (20 hours) Garnishment Defense 	<ul style="list-style-type: none"> Guardianship Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Issues 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues Related to Your Parents Deeds Leases 	<ul style="list-style-type: none"> Medicare Medicaid Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Other Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets³ 	<ul style="list-style-type: none"> Driving Privileges Restoration 	<ul style="list-style-type: none"> Repossession

NOW INCLUDED! Caregiving (Family First): You and your family have access to a highly trained CareTeam from Family First to help navigate Caregiving challenges. With our Caregiving benefit, you have access to support and guidance from a Caregiving Expert at Family First. The Expert will review your caregiving situation, work with you to create a holistic care plan, and provide the resources and support needed to make care-related decisions.

Additional hours: For non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year, for matters not included in the plan such as Expungement, Probate, Misdemeanor and Felony Defense.⁴

Estate planning at your fingertips: Our website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.⁵

Cost: \$21.00 a month (individual) or \$22.50 a month (family)

1. These benefits provide the Participant with access to services provided by Aura, a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product. 2. This benefit provides the Participant and their family a highly-trained Care Team, provided by Family First, to navigate caregiving challenges. Family First services are provided by Aging of America, Group, Inc. Aging of America, Inc. is not a corporate affiliate of MetLife. 3. Does not cover DUI. 4. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually. 5. Digital notary and signing is not available in all states. This is a summary only. Please see plan booklet for a complete description of all benefits.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the member and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.

EMPLOYEES CLUB ENROLLMENT FORM

Don't miss out on cost effective legal protection for you and your family.

Complete the enrollment form or contact your Employees Club representative today.

Select a legal coverage:

\$21.00/month (individual)

\$22.50/month (family)

Family Coverage:

This plan extends to you, your legally recognized spouse or domestic partner, and any unmarried children under 26 years old.

Instructions:

To enroll in the Club's MetLife Legal Plan Services, please complete the provided enrollment form. Fill in all required personal information accurately and select the monthly plan coverage. Once you've completed the form, sign and date it where indicated. Submit the form to the designated Employees Club representative or office for processing.

Name of Association Employees Club of California		Social Security Number - -	
First Name	Middle Initial	Last Name	
Home Address		City	State Zip
Home Phone ()	Work Phone ()	Mobile Phone ()	Date of Birth (MM/ DD/ YYYY) / /
Email Address (No work email address)*		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Dept Name	Job Title	Facility Name	
Work Address		City	State Zip
Date of Hire (MM/ DD/ YYYY) / /	Pay Status (Select One) <input type="checkbox"/> I am a salaried employee <input type="checkbox"/> I am paid hourly		

METLIFE LEGAL SERVICES CANCELLATION WINDOW

Cancellations are only accepted from January 1 to March 31 each year. Please make any changes or cancellations during this period. This cancellation policy does not apply to Club memberships or other services offered.

* The e-mail address you provide will help us communicate with you regarding updates and benefits that may become available to you. Your e-mail address will be used solely by the Employees Club of California and will not be distributed to others.

ACKNOWLEDGEMENT

By signing below, you acknowledge that all information provided on this form is accurate and complete to the best of your knowledge. You understand that providing false or misleading information may result in denial of coverage or termination of benefits. Your signature authorizes the Club to process your enrollment in the plan as indicated on this form.



Employees Club of California
311 S. Spring St. Ste 1300
Los Angeles, CA 90013-1212
Ticket Services: 888.777.1744
Insurance Services: 800.464.0452
www.EmployeesClub.com

**SIGN
HERE**

X

Applicant Signature

Date

The Employees Club of California (The Club) is a membership program of LACEA Insurance Services, Inc. (CA DOI Lic. #0B98000). LACEA Insurance Services, Inc. is a licensed insurance agency, and subsidiary of the Los Angeles City Employees Association, Inc. offering insurance benefits to qualified Club members. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact the Club for costs and complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
L1124044870[exp1126][All States][DC, GU, MP, PR, VI] © 2024 MetLife Services and Solutions, LLC



LET'S TALK ABOUT IT

(800) 464-0452, OPT 4
info@employeesclub.com

PAYROLL DEDUCTION AUTHORIZATION FORM

Important Membership Information

As a new policyholder, you will be automatically enrolled in the Employees Club of California, a membership program administered by LACEA Insurance Services, Inc. Membership is required to participate in the group-rated insurance programs you're enrolling in, and it is available exclusively to current employees of the City of Los Angeles, the Department of Water and Power, and the State of California.

Your membership in the Employees Club of California provides access to numerous exclusive benefits and programs, including the ease of having your club membership fees and insurance premiums automatically deducted from your payroll.

Club Membership fee: \$3.75 per pay period (\$7.50 monthly) for active employees.

By signing the Payroll Deduction Authorization, I authorize a monthly deduction of \$7.50 from my payroll, plus any other authorized deductions, for full Club benefits access. This remains in effect until I revoke it in writing.

Select Your Employment Type Below: Please complete only one section below based on your employment type.

FOR THE STATE OF CALIFORNIA EMPLOYEES

PAYROLL DEDUCTION AUTHORIZATION

Last Name	First Name	Middle Initial	Social Security Number		-	-				
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Organization Name **Los Angeles City Employees Association, Inc. (LACEA)** Ded./ Org. Code: **089-067**

To: **California State Controller**

I hereby authorize the State Controller to deduct from my salary and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the above-named organization. This authorization will remain in effect until canceled by me or by the above-named organization. I certify that I am a member of the above-named organization and understand that termination of membership will cancel all deductions made under this authorization.



Employees Club of California
 311 S. Spring St. STE 1300
 Los Angeles, CA 90013
 (800) 464-0452
 info@employeesclub.com
 www.EmployeesClub.com

FOR OFFICE USE ONLY

Code Deduction

SIGN HERE California State Employee / / Date

FOR LOS ANGELES CITY AND DWP EMPLOYEES

PAYROLL DEDUCTION AUTHORIZATION

Last Name	First Name	Middle Initial	Social Security Number		-	-				
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City Dept #
 City Employee # (5 - 6 Digits)
 DWP Employee #

To: **Controller—City of Los Angeles, or Fire and Police Pension, or City Employees Retirement System, or Paymaster—Department of Water and Power**

I hereby authorize the deduction from my salary or pension of amounts sufficient to cover premiums/membership fees for any of my group benefits provided by the Employees Club of California. In the event that any premiums should change due to age, an increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such changes upon notification from the Employees Club of California. This deduction will remain in force until canceled by me in writing.



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 311 S. Spring St. STE 1300
 Los Angeles, CA 90013
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 www.EmployeesClub.com

Please select one:

- City Active
- City Retired
- DWP Active
- DWP Retired
- Fire/ Police Pension (Officers Only)

FOR OFFICE USE ONLY

Code Deduction

SIGN HERE Los Angeles City / DWP Employee / / Date

PAYROLL DEDUCTION AUTHORIZATION FORM

Important Membership Information

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FOR LOS ANGELES COUNTY EMPLOYEES

PAYROLL DEDUCTION AUTHORIZATION

		DEDUCTION AGENCY NAME												DEDUCTION CODE		
		LOS ANGELES COUNTY CHICANO EMPLOYEES ASSOCIATION												E0113		
DO NOT WRITE ABOVE THIS LINE																
EMPLOYEE NUMBER				DEPT. NO.		EMPLOYEE LAST NAME						FIRST NAME				M.I.
NOT TO BE USED FOR COUNTY INSURANCE PLANS																
CHANGE INDIC.	DEDUCTION AMOUNT						DEDUCT %									
	OLD			NEW			OLD	NEW								
NEW																
REPL																
CANC.																
STOP DATE							UNIT AMOUNT									
<p>I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:</p> <p style="text-align:center; font-weight: bold; font-size: small;">LOS ANGELES COUNTY CHICANO EMPLOYEES ASSOCIATION</p> <p>IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME-TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EXISTING CONTRACTS WITH SAID INSURANCE PLANS, OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS' GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS' CONSTITUTION, CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.</p> <p>THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.</p>																
DATE																
SIGNATURE OF EMPLOYEE																