



Enrollment Form for Shop Rite Supermarkets, Inc.

Name: _____

Social Security Number: _____ - _____ - _____

Home Zip Code: _____

Personal E-mail: _____



Yes, I wish to enroll in **MetLife Legal Plans** and understand there will be a payroll deduction 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 payroll deduction status or until I am no longer an eligible employee of **Shop Rite Supermarkets, Inc.** I authorize Wakefern – Shop Rite Supermarkets, Inc. to take the appropriate after-tax payroll deductions needed to maintain this program.

Identity theft & Fraud Protection: This program is part of the Legal Plan. Aura is 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.
– **NEED TO REGISTER TO AURA**

Signature

Date

Send this form to: Shop Rite Supermarkets, Inc.
Attn: Benefits Department
176 North Main Street
Florida, NY – 10921

Attn: Veena Sai

Email: Veena.Sai@wakefern.com

Fax#: 732-491-4982

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