



# 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](mailto:Veena.Sai@wakefern.com)**

**Fax#: 732-491-4982**

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