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Please complete and return this form to:

Department of Human Resources 5255 Hampton Blvd Norfolk, VA 23529

COMPANY NAME: OLD DOMINION UNIVERSITY

**Legal Resources requires a 12emth minimum commitment and

cancellation may occur during open enrollment or after anniversary date.

- MRBHFBT PVSDFT

I wish to cancel my legal Resources Plan I understand fi I ancel row, I

esponsible fo all attorney fees for continued related ervices. If youPlan Atorney has d legal services uting your 12-m onth coverage period and you cancelyour coverage lefore your anniversary dite, your Plan Atorney can till you for all legal fees redered which exceed he amount of

subscriber fees paid during the term.

I wish to continue my Leg Resources Plan X / μv CE • š v š Z š u Ç μ CE OE v š ‰ CE u] μ u Á] v] À] μ of for the sources intension of the second seco

Last Day of Employment:	
Plan Paid Through:	

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I wish to cancel my Identity Theft Plan/. μ vÊl Œ • ššÅ¬ l-š 0 o o u Ç]Êl vɬ]ɬÇ šÅ¬à € 0 • À Üšl ɬ]ÇÜv • Î Œ À]Àl • À Á]Æðtobe0tit⊮}**Èң6tt⊟0a**nw SsÀ to continue my