



CANCELLATION FORM

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 12-month minimum commitment and cancellation may occur during open enrollment or after anniversary date.***

Legal Resources

I wish to cancel my Legal Resources Plan. I understand if I have an **active legal matter** and cancel now, I will be responsible for all attorney fees for continued related services. If your Plan Attorney has provided legal services during your 12-month coverage period and you cancel your coverage before your anniversary date, your Plan Attorney can bill you for all legal fees rendered which exceed the amount of subscriber fees paid during the term.

I wish to continue my Legal Resources Plan. I understand that my current premium will change to an individual rate. If you have any questions regarding continuing this coverage, you may contact Legal Resources directly at (757) 498-1220.

Last Day of Employment:	
Plan Paid Through:	

Identity Theft

I wish to cancel my Identity Theft Plan. I understand that all my identity theft protection services will stop.

I wish to continue my Identity Theft Plan. I understand that my current premium will change to an individual rate. If you have any questions regarding continuing this coverage, you may contact Legal Resources directly at (757) 498-1220.

PLEASE SIGN THAT YOU HAVE READ AND UNDERSTAND THIS NOTIFICATION:

Print Your Name: _____ Date: _____

Employee Signature: _____ UIN#: _____