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

- B H F B P V S D F T

I wish to cancel my LegalResources PlanI understand if I cancel now, I
responsible for all attorney fees for continued related services. If your Plan Attorney has
d 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 LegalResources Plan X / μ v CE • š v š Z š u Ç μ CE CE v š % CE u ] μ u Á
] v ] Á ] μ of you have any questions regarding continuing this coverage, you may
contact Legal Resources directly at (757) 4981220.

Table with 2 columns: Label (Last Day of Employment, Plan Paid Through) and empty input field.

\* E F O U J U Z 5 I F G U

I wish to cancel my Identity Theft Plan. μ v Ê Î CE • š Å - I š 0 o o u Ç ] Ê Î v É - ] É - Ç š Å - à € 0 • À Ü š Î É - ] Ç Ü v
• î CE À ] Á Î • À Á ] E d e n t i t y T h e f t P l a n I w i s h t o c o n t i n u e m y