



5/15/2013

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.

- BFB P V S D F T

I wish to cancel my Legal Resources Plan I understand I am responsible for all attorney fees for continued related 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 X / If 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 Value

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

I wish to cancel my Identity Theft Plan. If you have any questions regarding continuing this coverage, you may contact Legal Resources directly at (757) 4981220.

I wish to continue my Identity Theft Plan X / If you have any questions regarding continuing this coverage, you may contact Legal Resources directly at (757) 4981220.

Employee Signature: _____ UIN#: _____