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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.

- MRSHFBT P V S D F T

I wish to cance my Legal Resources F	'lanl understand i l	ancel row, I
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I wish to continue my Legalesources Plan X / μν Œ•š ν š Z š u Ç μŒŒ ν š ‰Œ u] μ u Á] ν] À] μ o/f yŒu sšav& any questions regarding continuing this coverage, you may contact Legal &sources idectly at (757) 4981220.

Last Day of Employment:	
Plan Paid Through:	

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I wish to cancel my Identity Theft Plan/. μ vÊÎ Œ • ššÅ¬ I-š 0 oo uÇ]ÊÎ vɬ]ɬÇ šÅ¬à € 0 • À ܚΠɬ]ÇÜv •Î Œ À]ÀÎ •À Á]Æðaðeðtity-}È•6000-000 to continue my