

LEGAL BENEFIT

CANCELLATION FORM

Please complete and return this form to:

Legal Resources
629 Wesley Drive
Virginia Beach, VA 23452

COMPANY NAME: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

LAST DAY OF EMPLOYMENT: _____

PLAN PAID THROUGH: _____

TO THE PARTICIPATING EMPLOYEE:

I wish to continue my Legal Resources Plan at the current individual rate of \$20.00 per month. (Please choose payment method on Conversion Payment Method Form provided on reverse side.)

I wish to cancel my Legal Resources Plan at this time. 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.

PLEASE SIGN THAT YOU HAVE READ AND UNDERSTAND THIS NOTIFICATION:

Employee Signature _____

Current Address _____

City, State, Zip Code _____

Phone Number _____