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**Employee - Cancellation of  
Benefits Form**

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**Legal Shield benefit will terminate effective September 30, 2025**

<b>Name</b>	<b>DOB</b>
<b>Last 4 SS#</b>	<b>Department</b>
<b>Signature</b>	
<b>Date</b>	

<b>Please initial coverage you wish to cancel</b>	
<b>Coverage</b>	<b>Initial here</b>
<b>IDShield Only</b>	
<b>Legal Only</b>	
<b>Legal and IDShield</b>	