



Legal Resources Cancellation Form

Charles County Government

**Legal Resources Benefit Request for Cancellation
During Open Enrollment ONLY**

Print Name _____

Legal Resources ID No. _____

Please read the following and indicate by check mark that you understand the following:

_____ I understand that if I have a current ongoing legal matter, my plan attorney will bill me for his/her services which exceed the premiums paid into the Plan if I do not complete my 12 month commitment.

_____ I have completed my 12 month membership commitment (if you do not know, contact Legal Resources Subscriber Relations Department at 1-800-728-5768).

Signature _____

Date _____