

Hyatt Legal Plans, Inc.
The Comprehensive Legal Plan

Cancellation Form

Name: _____

Social Security Number: _____ - _____ - _____

Zip Code: _____

Work Location: _____

Work Telephone: _____

Authorization:

I hereby elect to cancel my enrollment in The Comprehensive Legal Plan effective _____. I understand that I may re-enroll **only during a subsequent open enrollment period**. I authorize the Company to cancel the \$15.00/per month after-tax payroll deduction effective on the aforementioned date.

Signature

Date

Office Use Only:

Employee Id: _____

Agency: _____

Payroll: LAG _____ REGULAR _____