



DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, certify and declare that
(Print Employee Name)

_____, and I are no longer domestic partners as of
(Domestic Partner (DP) Name - Print)

_____. I understand that coverage for this individual will terminate on this date.
(Date)

I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me on _____.
(Date)

This Termination of the Declaration of Domestic Partnership is due to:

- Termination of Domestic Partnership
- Change of Residence
- Marriage to another person
- No longer jointly responsible for each other's common welfare and living expenses
- Death of Domestic Partner

I understand that another Declaration of Domestic Partnership cannot be filed until six (6) Months from the date the relationship ends as indicated above. This condition will be waived if your domestic partner has died.

In the event that termination of this relationship is not due to the death of my Domestic Partner, I will mail my former domestic partner a copy of this notice at:

(Address of former Domestic Partner)

I affirm, under penalty of perjury, that the above statements are true and correct.

Print Employee Name

Employee Signature

Date