



Declaration of Termination of Domestic Partnership

I, the undersigned employee, _____ declare under penalty of perjury, that the Declaration of Domestic Partnership attested to and signed by me on _____ is terminated as specified below.

Please print name

Date of Declaration

Name of covered Domestic Partner: _____

Name of covered Domestic Partner’s legal dependents, if applicable:

Termination of Declaration of Domestic Partnership is due to:

- Change of criteria attested to in Declaration of Domestic Partnership Date: _____
- Termination of domestic partnership Date: _____
- Death of domestic partner Date: _____

I acknowledge that it is my responsibility to furnish a copy of this signed statement to my surviving former domestic partner.

I hereby declare, under penalty of perjury, that the foregoing statements are true and correct. I further understand that I will not be eligible to add a domestic partner or legal dependent(s) of another domestic partner until twelve (12) months following termination of coverage of the prior domestic partnership.

Signature of Employee

Date

Print Name

Address City State Zip

The signature of the employee on this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20__

Notary Public _____

My commission expires _____, 20__