



**NOTICE OF CHANGE IN DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, certify and declare that:  
(Participant—print name)

\_\_\_\_\_ and I are no longer domestic partners as of \_\_\_\_\_.  
(Domestic Partner—print name) (Date)

I understand that benefit coverages for this individual and their covered child(ren) under Brookhaven Science Associates, LLC (BSA) benefit programs will terminate as of the date the partnership ended.

The Affidavit of Domestic Partner attested to and filed by me with BSA shall be and is terminated as of this date; and

The termination of the Affidavit of Domestic Partnership is a result of either termination of the partnership or death of the partner; and

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(former domestic partner’s address)

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

\_\_\_\_\_  
**Participant Name (Print) Participant Signature Life # Date**

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**