

AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

Declaration

I, _____ (Enrollee), certify that on or about _____, 20_____, the Domestic Partner relationship between myself and _____ (Domestic Partner) has dissolved.

Domestic Partner Dissolution

A Domestic Partnership ends when:

- The Partners are no longer each other's sole Domestic Partner; or
- The Partners no longer share the same common residence(s); or
- The Partners no longer assume mutual obligations for the welfare and support of each other; or
- One of the Partners dies.

I acknowledge that we no longer meet the criteria set forth in the Affidavit of Domestic Partnership form, and we will no longer be considered Domestic Partners.

I also acknowledge that I will send a copy of this notarized Affidavit of Termination of Domestic Partnership form to my former Domestic Partner on _____, 20_____ at the following address:

Street Address

City, State, Zip Code

Other Acknowledgements

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct. I, the Enrollee, understand that any false or misleading statement made will subject me to disciplinary action up to and including termination of employment and possible charges of fraud.

Employee Information

Name (printed)

Social Security Number

Signature

Date Signed

State of _____

County of _____

Sworn to before me this day of _____, 20_____

Notary Public