**Affidavit of Termination of Domestic Partnership**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, file this Termination of Domestic Partnership to revoke the Affidavit of Employee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domestic Partnership previously filed. This relationship ended on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that I am not eligible to file another Affidavit of Domestic Partnership until six (6) months has passed from the date of this Termination of Domestic Partnership. I understand that by filing this Termination of Domestic Partnership my former domestic partner may no longer be eligible for benefits in which he/she were formerly enrolled. This ineligibility also extends to the legal dependents of my former domestic partner.

ACKNOWLEDGEMENTS

1. I have provided this information in this Affidavit of Termination for the sole purpose of ending the Domestic Partnership benefits.

2. I further understand that any false or misleading statements made in order to receive benefits for which I do not qualify may subject the Employee/Insured to disciplinary action.

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Signature of Employee\*

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Signature of Former Domestic Partner\*