

Declaration Of Termination of Domestic Partnership

I, \_\_\_\_\_ (employee-print name), certify and declare that:

\_\_\_\_\_ (former domestic partner-print name) and I are no longer domestic partners as of \_\_/\_\_/\_\_. I understand that coverage for this individual will terminate on this date.

1. I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me with \_\_\_\_\_ (employer-print name) on \_\_/\_\_/\_\_.
2. 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).

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:

\_\_\_\_\_  
\_\_\_\_\_  
(former domestic partner new address).

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

\_\_\_\_\_  
Signature of employee

\_\_/\_\_/\_\_  
Date