

Affidavit of Termination of Domestic Partnership

I, the undersigned, file this Affidavit of Termination of Domestic Partnership to revoke the Affidavit of Domestic Partnership previously filed by me.

I understand that by filing this Affidavit of Termination of Domestic Partnership my former domestic partner and his or her children (if applicable) will no longer be eligible for coverage under 's benefits programs, in accordance with the terms of those plans. If I do not timely execute this affidavit, I may be responsible for benefits paid to my former domestic partner and his or her children.

I certify that my domestic partnership has terminated because (select one of the following):

- ☐ Our relationship no longer satisfies the domestic partnership criteria set forth in the Affidavit of Domestic Partnership.
Date domestic partnership ended: _____
- ☐ My domestic partner is deceased.
Date of domestic partner's death: _____
- ☐ I legally married my domestic partner. I understand that I must submit new benefit applications to change his or her status from domestic partner to spouse.
Date of marriage: _____

I understand that I must file an Affidavit of Termination of Domestic Partnership before a subsequent Affidavit of Domestic Partnership may be filed. Enrollment of a new domestic partner in 's benefits programs is subject to the terms of those plans.

By signing this affidavit, I understand that it is my responsibility to notify my former domestic partner that I have terminated the domestic partnership under 's benefits programs.

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct.

Employee Information

Name	Date of Birth
<div></div>	<div></div>
Signature	Date
<div></div>	<div></div>