

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 [Your organization]'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 [Your organization]'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 [Your organization]'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

Signature	Date