

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