

Statement of Termination of Domestic Partnership

I, _____, affirm that the Affidavit of Domestic partnership
(Name of Employee)
attested to and signed by me on _____ shall be and is terminated as
Date of Affidavit
of this date.

Termination is due to:

Termination of domestic partnership because of a change in one or more of the circumstances attested to in Section I of the Affidavit.

Death of domestic partner.

I understand that I cannot file a Statement of Domestic Partnership to enroll a new domestic partner until [six] months following the receipt of this statement by my employer.

Signature of Employee: _____ Date: _____

Received by:

Employer Representative: _____ Date: _____