



STATEMENT OF QUALIFIED DOMESTIC PARTNERSHIP TERMINATION

I, _____, affirm the termination of my Qualified Domestic Partnership with _____ occurred on _____

I understand that I will not be able to file a new Affidavit of Qualified Domestic Partnership until 12 months after I have filed this Statement of Qualified Domestic Partnership Termination with the Human Resources Department, Benefits Office, unless such termination is due to the death of my Qualified Domestic Partner.

I affirm, under penalty of perjury, that the foregoing is true and correct, and that I will immediately provide a copy of this signed Statement of Qualified Domestic Partnership Termination to my former Qualified Domestic Partner.

I understand that if I legally marry my Qualified Domestic Partner, a marriage certificate must be provided to the Benefits Office within 31 days from the date of marriage. This form is not applicable for legally married spouses.

Signature: _____

Date: _____

Employee ID #: _____

Phone #: _____

Accepted by: _____

Date: _____