



Statement of Termination of Domestic Partnership

Name of Employee – Please print _____ M# _____

Name of Domestic Partner – Please print _____ Date of Birth _____ SSN _____

I certify that _____ and I have terminated our domestic partnership.

I affirm that the effective date of termination of this domestic partnership is _____.

I understand that under penalty of perjury, the foregoing is true, current and correct.

Signature of Employee _____

Date _____