AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

DECLARATION

I, _____, an employee of [EMPLOYER], declare that on or about _____ __, 20__, the Domestic Partner relationship between _____ (Domestic Partner) and myself has dissolved.

DOMESTIC PARTNER DISSOLUTION

A Domestic Partnership ends when:

- The Partners are no longer each other's sole Domestic Partner; or
- The Partners no longer share the same common residence; or
- The Partners no longer assume mutual obligations for the welfare and support of each other.

I acknowledge that we no longer meet the criteria set forth in the Affidavit of Domestic Partnership and will no longer be considered domestic partners.

I acknowledge that I understand that my former domestic partner will no longer be eligible for continued participation in [EMPLOYER'S] benefit programs and is not eligible to continue coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

I also acknowledge that I will send a copy of this Affidavit of Termination of Domestic Partnership form to my former Domestic Partner at the following address within 30 days of the date this form is signed.

_____
Street Address

_____
City, State, ZIP Code

OTHER ACKNOWLEDGMENTS

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct. I understand that any false or misleading statement made will subject me to disciplinary action up to and including termination of employment and possible charges of fraud.

SIGNED DECLARATION

_____
Employee Signature

_____
Date Signed

Please complete this form and return it to the following address:

[EMPLOYER]
[ADDRESS]
[City, ST ZIP]

Please keep a copy of this completed form for your records.