

<<Company>>

S

Termination of Domestic Partnership

<<CurrentDate>>

Employee Name:	<<ContractFirstName>> <<ContractLastName>>
Employee SSN:	<<Social Security Number>>
Partner Name:	<<Partner First Name>> <<Partner Last Name>>
Partner SSN:	<<Partner Social Security Number>>
Department:	<<Department>>
Supervisor:	<<Supervisor Name>>

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Instructions:

Please complete the following form, signing both employee and partner's names on each line, and return it to the Human Resources Department.

NOTE: *This Termination of Domestic Partnership Statement may affect any current coverage for your Domestic Partner and/or the rates you pay under any Company Insurance Plans or Company-sponsored benefits.*

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I hereby declare that my former Partner, (please print) _____, and I are

no longer Domestic Partners and ...

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