

TERMINATION OF CERTIFIED DOMESTIC PARTNER RELATIONSHIP

I, _____, hereby acknowledge my Certified Domestic
(Name of Employee)

Partner Relationship with _____ ended on
(Name of Certified Domestic Partner)

_____. I understand any benefits in which my former Certified Domestic Partner has been enrolled will be terminated effective the date our partnership ended, in accordance with the Affidavit of Certified Domestic Partner Relationship.

Signature

Date

Risk Management Representative or Notary Signature

Date