

**Affidavit of Dissolution of Domestic Partnership**

**I. Declaration**

We, \_\_\_\_\_, and \_\_\_\_\_  
(Associate – PRINT NAME) (Domestic Partner – PRINT NAME)

attest and certify that we are no longer domestic partners in accordance with criteria designated on the Affidavit of Domestic Partnership.

Our domestic partnership was terminated on \_\_\_\_\_ (date).

**II. Change in Domestic Partner Status**

1. I understand that coverage for my domestic partner and his/her children shall end as of the end of the month, upon termination of the domestic partnership, according to the criteria in the Affidavit of Domestic Partnership.
2. I understand that I am obligated to file this Affidavit of Dissolution of Domestic Partnership with the Human Resources Department within 45 days of the date on which my domestic partner and I no longer meet the criteria for domestic partners as set forth in the Affidavit of Domestic Partnership, whichever is earlier.
3. I understand that benefit coverage for my domestic partner and children of my domestic partner will be terminated as of the end of the month in which the domestic partnership ends.
4. I understand that I may not file another Affidavit of Domestic Partnership until six (6) months have passed from the date on which the partnership ended.

I have read and understand the terms and conditions contained in this Affidavit of Dissolution of Domestic Partnership. I affirm, under penalty of perjury, that the statements in this Affidavit are true, complete and correct.

\_\_\_\_\_  
Associate's Signature Associate's Printed Name Date

\_\_\_\_\_  
Domestic Partner Signature Domestic partner's printed name Date

**III. Notary Public Affirmation**

I affirm that \_\_\_\_\_ and \_\_\_\_\_ personally appeared, known to me to be the persons who executed the above statement.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(Seal)