



STATEMENT OF TERMINATION OF MARRIAGE/DOMESTIC PARTNERSHIP

I, _____ affirm, under penalty of perjury, that the
Name of Employee (Print)

Affidavit of Marriage/Domestic Partnership attested to and signed by me on _____
Date of Affidavit

Shall be and is terminated as of this date.

Termination of Affidavit of Marriage/Domestic Partnership is due to:

- Dissolution or Other Termination of Marriage or Domestic Partnership
- Death of Spouse/Domestic Partner

I understand that my former spouse/domestic partner (and former spouse/domestic partner's dis-enrolled children, if applicable) may have COBRA Continuation Coverage rights. I shall mail a copy of this signed statement to my surviving former spouse/domestic partner.

Name (Please print)

Date

Signature

Social Security Number