Declaration of Dissolution of Domestic Partnership

We, the undersigned, attest and certify that out partnership has dissolved.

_____ _____

Name of employee Name of domestic partner

The Employee and the Domestic Partner (hereinafter referred to as "We") hereby certify that we no longer meet the qualifications of a Domestic Partnership as attested to in our "Declaration of Domestic Partnership". The Domestic Partner (and the Domestic Partner's children that do not otherwise qualify as dependents of the Employee) will be terminated from the heath, dental, and/or vision plans as stated in the policy.

We affirm, under penalty of perjury, that the statements in this Declaration are true, complete, and correct.

_____

Employee's signature Date

_____

Employee's printed name

_____

Domestic Partner's signature Date

_____

Domestic Partner's printed name

WPS HEALTH INSURANCE

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