

Declaration of Dissolution of Domestic Partnership

We, the undersigned, attest and certify that our 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 health, 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

