

Statement of Termination of Domestic Partnership

DECLARATION

I, affirm that effective on _____, _____ and I,
(date) Domestic Partner's Name (please print)

_____ are no longer Domestic Partners.
Employee's Name (please print)

I affirm that the circumstances, which necessitated the filing of this Statement of Termination, occurred within 31 days of the effective date.

- I understand and agree that after the effective date of this Statement of Termination, neither the former Domestic Partner nor any dependents of the former Domestic Partner will be eligible for any benefits under the At Home sponsored insurance plans.
- I understand that a subsequent domestic partner affidavit cannot be filed, or another/the same domestic partnership **cannot be claimed for 6 months** after this Statement of Termination is received.
- I mailed my former Domestic Partner a copy of this notice at _____
Domestic Partner's New Address
on _____.
Date

I certify under penalty of perjury, that the above statements are true and correct to the best of my knowledge.

Name of Employee (Print)

Employee Signature

Employee Address

Date

On this _____, day of _____, 20____, before me personally came _____, to me known to be the individual described as "Employee/Insured as a free and voluntary act for the uses and purposes sated herein.

Notary Public

My Commission Expires: _____