

# Westminster College

## AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

This form is to be completed and returned to the Office of Human Resources within thirty-one (31) calendar days from the date a domestic partnership is terminated.

### DECLARATION

I, \_\_\_\_\_, declare that \_\_\_\_\_,  
**Employee Name - Print** **Domestic Partner Name - Print**

no longer satisfy the definition of domestic partners under the Westminster College Domestic Partner Benefits Policy.

This [Affidavit of Termination of Domestic Partnership](#) notice is submitted in order to terminate the [Affidavit of Domestic Partnership](#) that I filed with Westminster College Human Resources Office on \_\_\_\_\_.  
**Date**

I understand that by filing this notice that any benefits that have been extended to my domestic partner and, if applicable, to his or her dependents, will terminate on the last day of the month in which the date the relationship ceased to qualify.

I also understand that I will not be able to file a new Affidavit of Domestic Partnership and add a new domestic partner until at least twelve (12) months after I filed this Affidavit.

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I mailed my former domestic partner a copy of this notice to the following address, which I believe to be the correct mailing address for my former domestic partner.

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

I declare the above statements are true and correct and certify under penalty of perjury that the assertions in this Affidavit of Termination of Domestic Partnership are true and complete to the best of my knowledge.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Employee's Name (Print or Type)**

\_\_\_\_\_  
**Date**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_. My commission expires: \_\_\_\_\_.  
**Notary Public**