

EMORY UNIVERSITY

STATEMENT OF TERMINATION OF SAME-SEX DOMESTIC PARTNERSHIP

Return to: Emory University Benefits Department, 1599 Clifton Rd NE, First Floor, Atlanta, GA 30322

I, _____, declare that
employee (print)

1. _____ and I are no longer domestic partners.
name of domestic partner (print)
2. I make and file this Statement of Termination of Same-Sex Domestic Partnership order to cancel the Statement of Same-Sex Domestic Partnership filed by me with Emory University on _____.

After such termination, I _____, understand a subsequent Statement of Same-Sex Domestic Partnership statement can be filed at any time as long as eligibility requirements are met.

3. I will mail my former domestic partner a copy of this notice at _____ on _____.

Employee Signature

Date

Social Security Number

Domestic Partner's Signature

Date

Domestic Partner's Address: _____
(for COBRA purposes only) Street

City, State, Zip Code

Notary

Expiration Date

Accepted by: _____
Employee Services/Benefits