

Termination of Domestic Partnership

I. Reason for Termination:

Relationship Dissolved

No longer meet all the required criteria

Marriage

Other:

II. Notice Required to Partner and Devereux

In accordance with the previously signed Affidavit of Domestic Partnership, I acknowledge that my Domestic Partner and I each agreed to notify the other in writing if and when there was a change in our Domestic Partner status which needed to be reported to Devereux. I further acknowledge that it is understood that failure to notify Devereux will neither prevent nor delay the termination of eligibility for benefits based on our previous enrollment under the Domestic Partner relationship.

III. Reminders

In the event of the termination of your Domestic Partner relationship, you may want to consider reviewing your beneficiary designations, as the completion of this form does not change your beneficiary designation for applicable benefit programs. Changes to benefit elections must be made within 60 days of completion of this form. The Devereux employee must take action to complete appropriate forms to make necessary benefit changes.

Employee Information

Employee Name

Address

City, State, Zip

Social Security Number

Phone Number

Signature

Date

Center

Partner Information

Partner Name

Address

City, State, Zip

Social Security Number

Phone Number

Signature

Date

Sworn to and subscribed before me on this _____ day of _____ 20_____

Notary Public