



## Statement of Termination of Domestic Partner Relationship

_____ Employee Name	_____ Partner Name
_____ Employee SS#	_____ Partner SS#
_____ Date of Dissolution	

I hereby request the removal of my partner and his/her dependents from my University of Denver benefits plan(s) effective the first day of the month following the date of my signature, below.

In the event that termination of this relationship is not due to the death of my Domestic Partner, I will mail my former partner a copy of this Statement of Termination within 30 days.

_____ Signature of Employee	_____ Date
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Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, Year: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_, Year: \_\_\_\_\_

_____ Signature of University of Representative	_____ Date
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