

MARICOPA COMMUNITY COLLEGE

Termination Of Domestic Partnership

1. I _____ , certify that I have terminated my
name of employee (please print)

domestic partnership with _____.
name of domestic partner (please print)
2. I affirm that the effective date of termination of this domestic partnership was

date (please print)
3. I affirm that I have provided a copy of this termination statement to my former domestic partner.
4. I understand that another Affidavit of Domestic Partnership cannot be filed until twelve (12) months after the statement of termination of the previous partnership has been filed with the Benefits Department. The new domestic partnership must have existed for at least six (6) consecutive months prior to registering a new domestic partner.
5. I understand that this statement of "Termination of Domestic Partnership" must be filed with the Benefits Department within thirty (30) days of the termination.
6. The forwarding address to mail COBRA notification to my former domestic partner is:

Name

Street Address

City, State, Zip
7. I affirm that assertions in this affidavit are true to the best of my knowledge and that I may be subject to disciplinary action up to and including termination or dismissal if it is determined that the assertions are false.

Signature of employee

Date