



Termination of Domestic Partnership

INSTRUCTIONS TO EMPLOYEE: Use this document to dissolve a Domestic Partnership covered under the CIEE benefit plan.

Notify the HR Benefits office within 31 days of the relationship ending by completing this form.

Sign, notarize, and return the partnership termination form to the Human Resources Benefits Department via fax (207) 274-5620 or email HRBenefits@ciee.org.

EMPLOYEE DECLARATION

I, _____, declare that _____
[Employee Name] [Partner Name]

and I are no longer domestic partners.

1. Our partnership ended on _____
[date]
2. I make and file this Statement of Termination of Domestic Partnership to cancel the Declaration of Domestic Partnership that I previously filed with CIEE.
3. I provided my former domestic partner with a copy of this notice.

I understand that any benefits I previously elected for my former domestic will terminate on the last day of the month in which our partnership ended.

I declare, under penalty of perjury, that the above assertions are true and correct to the best of my knowledge.

(Print Name)

(Date)

(Signature)

NOTARY

State of: _____ County of: _____

On this _____ day of _____, 20____ before me, a Notary Public, in and for the said county and state, _____ personally appeared. I know this person to be the same person who certified that the foregoing statement is true and acknowledge that he/she executed the statement as a free and knowing agent.

Notary Public: _____ My Commission Expires: _____