I, _________________________ (Name) do hereby declare that as of _________(Date), I no longer have a domestic partnership with _______________________________ (Name of Former Domestic Partner) and therefore need to cancel the Statement of Domestic Partnership earlier filed by me on ____________ (Date).

I further declare that a copy of this document has been provided to the individual identified above as my Former Domestic Partner.

____________________________________ (Signature)

____________________________________ (Date)

Subscribed and Sworn to before me this ___day of ____________, 20__.

____________________________________

Notary Public

Received by:

____________________________________

Human Resources Benefit Counselor or HR Designee

Date: __________________