

DRURY UNIVERSITY

STATEMENT OF TERMINATION OF SAME SEX DOMESTIC PARTNERSHIP

This form is to be completed and returned to the Office of Human Resources within thirty-one (31) calendar days from the date a domestic partnership is terminated.

DECLARATION

I, _____, declare that _____,
Employee Name -Print Domestic Partner Name - Print

no longer satisfy the definition of domestic partners under the Drury University Domestic Partner Benefits Policy.

This [Statement of Termination of Same-Sex Domestic Partnership](#) notice is submitted in order to terminate the [Affidavit of Same-Sex Domestic Partnership](#) that I filed with Drury University Benefits Office in Human Resources on _____.
Date

I understand that by filing this notice that any benefits that have been extended to my domestic partner and, if applicable, to his or her dependents, will terminate on the last day of the month in which the date the relationship ceased to qualify.

I also understand that I will not be able to file a new Affidavit of Same-Sex Domestic Partnership and add a new domestic partner until at least six (6) months after I filed this statement.

On the _____ day of _____, _____, I mailed my former domestic partner a copy of this notice to the following address, which I believe to be the correct mailing address for my former domestic partner.

Print Full Name

Street Address

City

State

Zip Code

I declare the above statements are true and correct and certify under penalty of perjury that the assertions in this Notice of Termination of Domestic Partnership are true and complete to the best of my knowledge.

Employee Signature

Employee's Name (Print or Type)

Date