



## Termination Statement of Same-sex Domestic Partnership

I, \_\_\_\_\_ SNN \_\_\_\_\_ have terminated my  
Employee (printed)  
same-sex domestic partnership with \_\_\_\_\_ SNN \_\_\_\_\_.  
Former Partner (printed)

The date that our domestic partnership terminated was \_\_\_\_\_.

### Declaration of Termination of Domestic Partnership

I hereby certify the termination of my domestic with the above named former domestic partner. I understand that:

As of the date that this domestic partnership terminates, a domestic partner ceases to be eligible for the benefits that are available to domestic partners from JHHSC/JHH.

The termination of this domestic partnership is irrevocable once the HR Office receives this completed affidavit.

**By signing this affidavit, I understand that it is my responsibility to notify my former domestic partner that I have terminated this domestic partnership and that they will no longer be covered under any JHHSC/JHH benefit plans.**

I understand I may face criminal penalties for knowingly making false or fraudulent claims, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date