



Statement of Termination of Domestic Partnership

Please Print:

I, _____, certify and declare that:
(faculty/staff member's name)

1. As of _____, _____ and I are no longer domestic partners.
(mo/date/yr) (domestic partner's name)
2. I make and file this Statement of Termination of Domestic Partnership in order to cancel the Statement of Domestic Partnership filed by me with Princeton University on _____.
(mo/date/yr)

I understand that:

- a. Another Statement of Domestic Partnership cannot be filed until at least six (6) months after this statement of Termination of Domestic Partnership has been received by the Benefits Office, and
- b. Coverage for my domestic partner and his/her dependents (if applicable) will end on the last day of the month in which the domestic partnership ended.

I will send a copy of this notice to my former domestic partner at his/her address:

(# and street address)

(City)

(State/Zip Code)

I certify that the above information is correct.

(faculty/staff member's name)

(Date)

OHR Use only:

Date Received: _____ By (Print Name) _____

Title: _____

Signature: _____