

Princeton University

Statement of Termination of Same Sex Domestic Partnership

Please Print

I, _____, certify and declare that:
(student's name)

1. As of _____, _____ and I are no longer
(mo/date/year) (domestic partner's name)
domestic partners.

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/year)

I understand that:

a. 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.

b. another Statement of Domestic Partnership cannot be filed by me until at least 6 months after this
Statement of Termination of Domestic Partnership has been received by the Office Risk Management.

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

(no. & street address) (city) (state) (zip code)

I certify that the above information is correct.

(student's signature) (date)

Office of Risk Management:

Signature _____

Print Name _____

Title _____

Date Received _____

Copy of form sent to Student Health Plan Office Date: _____