



Department of Human Resources  
 115 Medical Sciences Building  
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## Termination of Domestic Partnership

### Employee Information

Employee Name (Last, First Middle)			
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	UID	
Home Address	City	State	Zip

### Domestic Partner Information

Name (Last, First Middle)			
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Home Address	City	State	Zip

### Domestic Partner Dependent Child Information (List only the domestic partner's unmarried biological or adopted child(ren) who were listed on the original *Affidavit of Domestic Partnership*)

Dependent Child Name (Last, First, Middle)	Social Security Number	Date of Birth	RC*
		/ /	
		/ /	
		/ /	

\* Relationship Code:      DS – Biological or adopted son of domestic partner  
                                       DD – Biological or adopted daughter of domestic partner

### Certification

This certifies that as of / / (date) my domestic partnership with the above person has terminated and I shall mail a copy of this signed statement to my surviving former Domestic Partner.

Termination of the *Affidavit of Domestic Partnership* is due to:

- Termination of domestic partnership
- Death of domestic partner

I understand that to register another domestic partnership I must wait at least twelve (12) months from the date listed above.

I further understand that the domestic partner's and partner's dependent(s) eligibility for Wright State University sponsored benefits ends on the last day of the month that the domestic partnership terminates or was terminated. Failure to notify the university within 30 days of the termination may result in liability for benefits paid for ineligible individuals, and disciplinary action. I certify that the information supplied on this form is true and complete, and I understand that any false information or statements made on this form will be grounds for Wright State University to void my coverage.

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Employee Signature

Date