

Termination of Domestic Partnership

Please note, completing the Termination of Domestic Partnership form will cancel any previously submitted Declaration of Domestic Partnership on file. This form should only be completed to terminate an established Domestic Partnership. To remove an established Domestic Partner/Domestic Partner child due to a [qualified life event](#), please complete the [Domestic Partner Cancellation Dependent of Health and Dental Coverage](#) form.

Employee Name: _____
(Employee Name Printed)

The Domestic Partnership between myself and _____ ended on _____.
(Domestic Partner Name Printed)

I understand that coverage for the Domestic Partner/Domestic Partner child(ren) will terminate at the end of the month in which my HRA receives this termination form in writing. In addition, any [Added Value Tax](#) due to the Domestic Partnership will also be removed effective the first of the month following the notification in writing. A 'Termination of Domestic Partnership' [life event](#) will need to be submitted and approved in Workday to complete the change.

I understand that I have agreed in the Declaration of Domestic Partnership previously submitted, that after termination of the Domestic Partnership, another Declaration of Domestic Partnership cannot be filed with my [HRA](#) until twelve consecutive months have elapsed, after which I may enroll a new Domestic Partner/Domestic Partner child(ren) in my health and/or dental insurance plans subject to the state's eligibility and enrollment rules.

Signature of Employee: _____ **Date:** _____

Signature of HRA: _____ **Date Received from Employee:** _____