

Statement of Termination of Domestic Partnership

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| | notify Northogotorn University that the |
|---|---|
| , Domestic Partner Certification attested to and s | , notify Northeastern University that the signed by me and |
| | was terminated as of |
| Name of Domestic Partner | Date |
| and I have sent a copy of this signed Statemer | nt to my aforestated domestic partner. |
| will also complete the necessary forms require the required time limits for making a change in | ed by my health/dental plan to change my coverage within coverage due to a change in family status. |
| SECTION 2 - Notification to Former D | Domestic Partner ———————————————————————————————————— |
| mailed a signed copy of this form to my forme | |
| My former domestic nartner's mailing address | Date Mailed |
| viy formor domostio partitor o maining address | |
| | |
| | |
| SECTION 3 - Signature | |
| SECTION 3 - Signature | |
| SECTION 3 - Signature I declare that the above statements are true and | nd correct. |
| SECTION 3 - Signature I declare that the above statements are true and Signature of Employee Employee's Social Security Number | Date Signed Former Domestic Partner's Social Security Number |
| SECTION 3 - Signature I declare that the above statements are true and signature of Employee Employee's Social Security Number SECTION 4 - Health/Dental Plan Char | Date Signed Former Domestic Partner's Social Security Number nge Forms |
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