Statement of Termination of Domestic Partnership

SECTION 1 - Notification of Termination

I, _____ , *notify Northeastern University that the Domestic Partner Certification attested to and signed by me and*

_____ *was terminated as of* _____
Name of Domestic Partner — Date

and I have sent a copy of this signed Statement to my aforestated domestic partner.

I will also complete the necessary forms required by my health/dental plan to change my coverage within the required time limits for making a change in coverage due to a change in family status.

SECTION 2 - Notification to Former Domestic Partner

I mailed a signed copy of this form to my former domestic partner on _____
Date Mailed

My former domestic partner's mailing address is: _____

_____

SECTION 3 - Signature

I declare that the above statements are true and correct.

_____ _____
Signature of Employee — Date Signed

_____ _____
Employee's Social Security Number — Former Domestic Partner's Social Security Number

SECTION 4 - Health/Dental Plan Change Forms

Health/Dental Plan Enrollment Forms Completed

_____ _____
Name of Health Plan — Date Form Filed with Benefits

_____ _____
Dental Plan — Date Form Filed with Benefits