Termination of Domestic Partnership

Employer use only
Approved by: _____
Approved date: _____
Effective date: _____

Employee information

Employer			
Last name	First name		M.I.
Employee ID, E number or Social Security number		Gender ◯M ◯F ◯Other	Date of birth *(mm/dd/yyyy)*
Home phone number		Work phone number	
Work email		Personal email	
Address ☐ Check if new address			Apartment or space#
City	State	ZIP	County

Former domestic partner information

Last name	First name		M.I.
Employee ID, E number or Social Security number		Gender ◯M ◯F ◯Other	Date of birth *(mm/dd/yyyy)*
Address			Apartment or space#
City	State	ZIP	County

You must report to your employers' benefits administrator within 31 days after a person enrolled as your spouse/domestic partner or dependent child becomes ineligible for benefits. If you make this report on time, the change will be effective the first of the month after your report. If you do not report this change on time, OEBB may consider that an intentional misrepresentation of a material fact, for which OEBB may terminate the family members' coverage effective the first of the month after eligibility was lost.

Declaration of domestic partnership and employee signature

I, _____, file this Termination of Domestic Partnership to revoke the
(print name of employee)

Affidavit of Domestic Partnership previously filed by me. This relationship ended on _____.
(mm/dd/yyyy)

I understand that:

- I must cancel all OEBB sponsored insurance coverage for my former domestic partner and domestic partners' child(ren)
- I may not file another Affidavit of Domestic Partnership until six months have passed from this date
- I must attach the OEBB Midyear Change Form cancelling coverage for ineligible individuals
- My former domestic partner who filed the Affidavit of Domestic Partnership with me may have the option to continue benefit coverage through COBRA regulation and self-payment of premiums.

Employee signature _____ Date _____

Submit this completed form to your employer. Do not submit this form to OEBB.