



## STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

This Statement Terminates Your Domestic Partner's Health Coverage: This Statement of Termination of Domestic Partnership is intended for the sole purpose of notifying your employer that your domestic partnership (for purposes of benefits the employer offers through the Washington Alliance for Healthcare Insurance Trust (WAHIT)) has terminated. When this Statement is received by your employer, WAHIT benefits for your domestic partner will terminate on the last day of the month in which your employer receives this Statement, or on a date consistent with existing policies and procedures.

This is not a COBRA Notice. If the employer's group health plan is subject to the COBRA health care continuation law, your former domestic partner may have right to elect to continue health coverage the same as a divorced spouse under COBRA. You or your former domestic partner must provide timely written notice of the termination of your domestic partnership to the proper party as described in the plan's COBRA notice procedures. If proper timely written notice of the termination of domestic partnership is not provided, the domestic partner loses the right to elect to continue health coverage. Ask your employer whether its plan is subject to COBRA, and for the plan's COBRA notice procedures.

I, \_\_\_\_\_, certify the following is accurate:  
(print name of employee)

1. If filed an Affidavit of Domestic Partnership with my employer on *(enter date Affidavit was filed with employer)*\_\_\_\_\_. The Affidavit names this individual as my domestic partner *(enter name of former domestic partner in Affidavit)*: \_\_\_\_\_.
2. The domestic partnership described in the Affidavit of Domestic Partnership is now terminated. The individual named in the Affidavit is no longer my domestic partner.
3. My former domestic partner's last known address is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. I will mail a copy of this Statement of Termination to my former domestic partner at that address.

I declare the above statements to be true and correct.

\_\_\_\_\_  
(employee's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(employee's printed name)

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**INTERNAL USE ONLY**

I acknowledge the receipt of the Statement of Termination.

\_\_\_\_\_  
(signature of employer's representative)