

Domestic Partner Termination Form

Instructions: Fill out form blanks, print & submit. This form cannot be submitted electronically.

I file this Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership filed by me on _____ (date). I understand that I may not file another Affidavit of Domestic Partnership until six (6) months have passed from this date.

Employee Signature: _____
UO ID: _____
Agency/University: _____
Date: _____

I understand that my former domestic partner may be eligible for a continuation of health insurance benefits under COBRA regulations.

Former domestic partner's name: _____
Former domestic partner's current address: _____

Received by: _____
Payroll/Personnel Representative: _____
Date: _____