

KENYON COLLEGE
DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, hereby certify and declare that:
(Employee/Retiree Name)

_____, and I are no longer Domestic Partners as of _____.
(Former Domestic Partner Name) (Date)

I understand that coverage for this individual will terminate on this date.

(1.) I make and file this Declaration of Termination in order to cancel the "Certification of Domestic Partnership" filed by me with **Kenyon College** on _____.
(Date)

(2.) Termination of this Domestic Partnership is due to:

- _____ Termination of the Domestic Partnership
- _____ Change of residence
- _____ Marriage to another person
- _____ No longer jointly responsible for each other's common welfare and living expenses
- _____ Death of Domestic Partner

I understand that another Certification of Domestic Partnership cannot be filed until six months from the date the relationship ends (as indicated above).

In the event the termination of this relationship is not due to the death of my Domestic Partner, I will mail my former Domestic Partner a copy of this notice at:

(Former Domestic Partner new address)

I declare the information above to be true and correct.

(Signature of Employee/Retiree)

(Date)