

## TERMINATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

I, \_\_\_\_\_, [*employee name*] submit this Affidavit of Termination of Domestic Partnership to cancel the Affidavit of Domestic Partnership previously filed. I declare and acknowledge that I wish to cancel the Affidavit of Domestic Partnership for this reason:

- My domestic partnership with \_\_\_\_\_ [*name*] ended on \_\_\_\_\_ [*date*].
- My domestic partner \_\_\_\_\_ [*name*] died on \_\_\_\_\_ [*date*].

I understand that the effect of filing this Affidavit of Termination of Domestic Partnership is that my domestic partner will no longer be covered under AXA XL's benefits program.

I understand that if I had declared my domestic partner to be eligible for tax-favored health coverage, I may be liable for taxes because of the termination of the relationship.

Unless my domestic partner's death is the reason for termination of this relationship, I will mail my former domestic partner a copy of this notice within 30 days at the following address:

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Address 1

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Address 2

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City, State ZIP:

I affirm that the assertions in this affidavit are true to the best of my knowledge.

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**Employee signature**

**Social Security number**

**Date**