



**Human Resources
Affidavit for Termination Domestic Partner**

I, _____ certify and declare that:

(Employee - print name)

_____ and I are no longer domestic partners as of _____.

(Domestic Partner - print name)

(Date)

I understand that coverage for this individual and his/her dependent children will terminate as of the end of the month following the termination of the domestic partnership.

1. The Affidavit of Domestic Partner attested to and filed by me with the City of San José shall be terminated as of this date; and
2. The termination of the Affidavit of Domestic Partnership is a result of either termination of the partnership or death of the partner; and
3. In the event that termination of this relationship is not due to the death of my domestic partner, I have mailed a copy of this notice to my former domestic partner at:

(former domestic partner's address)

I affirm, under penalty of perjury, that the above statements are true and correct.

Employee's Signature

Employee ID

Date

Upload completed form in eWay or e-mail to HRBenefits@sanjoseca.gov.