



DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I _____, _____, make and submit this Declaration of Termination of
Employee Name MIT ID#

Domestic Partnership in order to withdraw and cancel the Affidavit of Domestic Partnership for Benefits Eligibility that I had previously filed with MIT on _____.
Date

I hereby acknowledge that:

1. The relationship between myself and _____ no longer satisfies all of the Domestic Partnership criteria set forth in the Affidavit of Domestic Partnership for Benefits Eligibility as of _____.
Date of Termination

I understand that upon submission of this signed Declaration of Termination, my former Domestic Partner and his or her dependent children will no longer be covered under MIT's benefit plans, in accordance with the terms of those plans.

I also understand that it is my responsibility to mail my former Domestic Partner a copy of this Declaration of Termination, and I hereby certify that I have mailed such copy to him or her at the following address:

Current address of Domestic Partner

I declare under the pains and penalties of perjury that the statements made above are true and complete to the best of my knowledge. I also understand that a subsequent Affidavit of Domestic Partnership cannot be filed until 12 months after the Declaration of Termination of Domestic Partnership notification has been filed with the MIT Benefits Office. All benefits of the former Domestic Partner will stop immediately on the date he or she ceases to be my Domestic Partner.

Employee Signature

Date

Received by:

MIT Benefits Office Representative

Date