



Statement of Termination of Domestic Partnership

On _____, I and _____ filed an Affidavit for Enrollment of Domestic Partnership in the County of San Mateo's health plans. I affirm, under penalty of perjury, that a domestic partnership is terminated and that on _____, I mailed a copy of this statement to the other partner at the address listed below.

Employee Name (print)

Employee ID

Signature of Employee

Date

Name of Partner

Address