

Affidavit of Termination of Domestic Partner Status

I, _____
Faculty/Staff Member (Print) Banner ID Number

certify that I previously filed an Affidavit of Domestic Partnership.

I now inform the University that _____
Name of Former Domestic Partner (Print)

is no longer my domestic partner as of _____.
Date

I understand that the former domestic partner identified above is no longer eligible for domestic partner benefits through Miami University and that current benefits will terminate as of the last day of the month in which this Affidavit of Termination is filed.

I certify that a copy of this Affidavit of Termination has been mailed to the former domestic partner identified above. I understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after the most recent domestic partnership has been filed with the Benefits Office.

Signature of Faculty/Staff

Date

Return Form to: Office of Benefit Services
15 Roudebush Hall
Miami University
Oxford, OH 45056