



Affidavit of Termination of Domestic Partner Status

I, _____, certify that I previously filed an *Affidavit of Domestic Partnership*.

I now inform the University that _____ 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 Benefit Services.

Mailing address of former domestic partner: _____

Banner ID Number: _____

Signature of Employee: _____ Date: _____

Signature of Witness: _____ Date: _____

Return form to:
Benefit Services
15 Roudebush Hall
Miami University
Oxford OH 45056