



Miami University  
Benefit Services

### Affidavit of Termination of Same-Sex Domestic Partner Status

I, \_\_\_\_\_, certify that I previously filed an *Affidavit of Same-Sex Domestic Partnership*.

I now inform the University that \_\_\_\_\_ is no longer my same-sex

domestic partner as of \_\_\_\_\_.

I understand that the former same-sex domestic partner identified above is no longer eligible for same-sex 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 same-sex domestic partner identified above. I understand that another *Affidavit of Same-Sex 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 partner: Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Banner ID Number: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to:**

**Benefit Services  
15 Roudebush Hall  
Miami University  
Oxford OH 45056**