



UPMC Employee Service Center
 U.S. Steel Tower
 Floor 56, 600 Grant Street
 Pittsburgh, PA 15219

Domestic Partnership Termination Affidavit

Employee Information

Please print or type

Last Name:	First Name:	M.I.:	Employee ID:
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Termination of Partnership

I, _____, certify and declare that: my domestic partnership with _____, which was originally declared in an *Affidavit of Domestic Partnership* delivered to the UPMC Employee Service Center, has dissolved and ended as a result of (initial one or more, as applicable, and fill in relevant date(s)):

- _____ the death of my domestic partner on ___/___/____. Attach a copy of death certificate.
- _____ the legal marriage of: (circle one/both) me / my domestic partner in a ceremony on ___/___/____. **Attach marriage certificate.**

Notary signature required for the following:

- _____ a permanent end to my relationship with my domestic partner on ___/___/____
- _____ permanently no longer maintaining, and residing together, in the same home as of ___/___/____
- _____ other (specify): _____ occurring on ___/___/____

I understand that domestic partner benefits under the UPMC Welfare Benefits Plan, which are, limited to *medical, dental, life and tuition assistance benefits* end effective as of the date when my domestic partnership no longer existed. I represent that the date(s) set forth above is(are) the earliest date for the noted event(s).

I understand I may not file another *Affidavit of Domestic Partnership* (whether it is for the domestic partner named in this Termination Affidavit or any other prior or new domestic partner) any earlier than one year after this *Domestic Partnership Termination Affidavit* has been received by the UPMC Employee Service Center.

MUST CHECK ONE:

<input type="checkbox"/> My prior domestic partner acknowledges this dissolution by signing below and has received a copy of this Termination Affidavit.	<input type="checkbox"/> My prior domestic partner cannot, or will not, sign this document. Except where my prior domestic partner is no longer living, I have mailed a copy of this document to my prior domestic partner at his/her last known address.
Domestic Partner Signature: _____ Date: _____	Address: _____ City/State/Zip: _____

Signature

I declare the above statements to be true and correct.

_____ Print Employee's Name	_____ Employee's Signature	_____ Date
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Notary

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20 ____.

 Notary Public

My commission expires: _____

Where to Return Documents

Return the completed form and the required documentation to:
 UPMC Employee Service Center
 U.S. Steel Tower
 Floor 56, 600 Grant Street
 Pittsburgh, PA 15219
(Faxed documents will not be accepted)

Questions: Contact the UPMC Employee Service Center
 at 1-800-994-2752, option 3