AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

I declare under penalty of perjury under the laws of the State of California that the statements below are true and correct. If a domestic partnership terminates, the subscriber must notify the employer by providing a signed notarized copy of this form within 30 days of termination.

That the partnership between:

____________________________________  and  __________________________________

PRINT OR TYPE NAME (EMPLOYEE) PRINT OR TYPE NAME (DEPENDENT)

terminated on: _____________________________, 20 ____ .

Dated: ______________________ , 20 ____ ,

______________________________________   _________________________________________

SIGNATURE (EMPLOYEE) PRINT OR TYPE NAME (EMPLOYEE)

______________________________________   _________________________________________

SIGNATURE (DEPENDENT) PRINT OR TYPE NAME (DEPENDENT)

Mailing Address                                                                               City                                                            State                            Zip

State of California
County of ______________________

NOTARIZATION IS REQUIRED

On ____________________________________, before me, _________________________________________________, Notary Public, personally appeared ________________________________________, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____________________________________________________              [SEAL]

Signature of Notary Public