

ROPER ST. FRANCIS

STATE OF SOUTH CAROLINA

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COUNTY OF _____

AFFIDAVIT OF TERMINATION OF PARTNERSHIP

PERSONALLY APPEARED BEFORE ME, _____, who being sworn, states
as follows:

I, being duly sworn, make the following statements and declare them to be true.

1. The domestic partnership between me, the Employee affiant signing below, and my former domestic partner named _____ was dissolved on the date of _____.
2. I hereby submit this affidavit to my Employer within 30 days of dissolution as required by my Group Health Plan. This form revokes the domestic partnership.

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Employee Signature

Subscribed and sworn to before me by both parties this ____ day of _____, 20__.

Notary Public for _____

[Seal]

My Commission Expires: _____