

**ALLEGHENY COLLEGE**  
**AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, submit this Affidavit of Termination of Domestic Partnership  
*(Name of Employee)*

in order to cancel the Affidavit of Domestic Partnership previously filed with respect to

\_\_\_\_\_. I wish to cancel the affidavit for the following reason:  
*(Name of Domestic Partner)*

☐ The relationship between \_\_\_\_\_ and me ended on \_\_\_\_\_.  
*(Domestic Partner) (Date)*

☐ My domestic partner \_\_\_\_\_ died on \_\_\_\_\_.  
*(Domestic Partner) (Date)*

I understand that the effect of filing this Affidavit of Termination of Domestic Partnership is that my domestic partner and his or her child(ren), if any, will no longer be covered under Allegheny's Benefit Programs.

In the event that termination of this relationship is not due to the death of my domestic partner, I will mail my former domestic partner a copy of this notice within 31 days to the following address:

\_\_\_\_\_  
*(Domestic Partner)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_

\_\_\_\_\_  
**(Employee signature)**

\_\_\_\_\_  
**(Date)**

*Please keep a copy of this form for your records.*