



WAGNER COLLEGE

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, certify and declare that: _____ and I are no longer domestic partners as of ___/___/____. I understand that coverage for this individual will terminate on this date.

1. I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me with _____ Wagner College on ___/___/____.
2. Termination of the Declaration of Domestic Partnership is due to:
 - Termination of the domestic partnership
 - Change of residence
 - Marriage to another person
 - No longer jointly responsible for each other's common welfare and living expenses.
 - Death of domestic partner

I understand that another Declaration of domestic Partnership cannot be filed until six (6) months from the date the relationship ends (as indicated above).

In the event that termination of this relationship is **not** due to death of my domestic partner, I will mail my former domestic partner a copy of this notice at:

(former domestic partners new address)

I affirm, under penalty of perjury, that the above statements are true and correct.

Signature of Employee

___/___/____
Date