

Affidavit of Dissolution of Domestic Partnership



In accordance with the Affidavit of Domestic Partnership, this form is notification of a change in our status as domestic partners which would make us no longer eligible for WHOI's benefits (for example, a change in joint-resident status or if we are no longer each other's sole domestic partner). After such termination, I understand that a subsequent Affidavit of Domestic Partnership cannot be filed until twelve (12) months after notification in writing of the termination has been filed with WHOI's benefits department. We understand that domestic partners and their eligible dependents are not eligible for COBRA continuation rights for health insurance.

I.

I, _____, certify the following based upon my own
Employee or Domestic Partner (print)
personal knowledge:

_____ and I are no longer domestic partners.
Employee or Domestic Partner (print)

II.

I make and file this Affidavit of Dissolution in order to cancel the Affidavit of
Domestic Partnership, dated _____.
Effective Date of Termination

The above date is within 31 days of the termination of our domestic partnership.

I affirm, under penalty of perjury, that the assertions in this statement are true to the
best of my knowledge.

Employee Signature _____ Date _____

Print Name _____

Address _____

INTERNAL USE ONLY:

I acknowledge receipt of this affidavit.

Benefits Specialist Signature _____ Date _____