BlueCross BlueShield of Massachusetts

Affidavit of Domestic Partnership Form

Statement of Termination of Domestic Partnership

This statement is intended for the sole purpose of determining eligibility for domestic partnership benefits at _____, referred to here as The Organization.

When this statement is received in the Business Office or Benefits Administrator of The Organization, benefits will be discontinued on the last day of the month that the statement is received, or on a date consistent with existing policies and procedures.

I, _____, certify that the following is accurate:

1. _____ and I are no longer domestic partners as defined in the Affidavit of Domestic Partnership filed by me with The Organization on _____.
   Date (print)
2. I am filing this Statement of Termination in order to cancel the abovementioned Affidavit of Domestic Partnership.
3. I am mailing my former partner a copy of this notice at:

   _____

   _____
   Former Partner's Address (print)

   _____
   Date Mailed (print)

I declare that the above statements are true and correct.

Signed:_____

Print Name:_____

Address: _____

_____

Date:_____

INTERNAL USE ONLY:

_____

Business Officer or Benefits Administrator Acceptance Date

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