

# GRADUATE THEOLOGICAL UNION

## HEALTH INSURANCE PLAN FOR STUDENTS TERMINATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

### ***Instructions:***

*Complete this affidavit if you are terminating a same sex domestic partnership.*

*This affidavit must be submitted within 31 days of the termination of a same sex domestic partnership. If you registered your partnership with the State of California and submitted a copy of the State form for GTU benefit purposes, you must submit a copy of the State Notice of Termination of Domestic Partnership.*

*It is your responsibility to provide your former domestic partner with a copy of this termination form and the date insurance ends (at the end of the month in which the domestic partnership ends.)*

*Note that a new same-sex domestic partnership must exist for at least six months before you can submit a new declaration and enroll a new same-sex domestic partner in health insurance plans.*

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### **STUDENT SIGNATURE REQUIRED**

I, the undersigned, declare that my former partner \_\_\_\_\_  
(Name)

and I are no longer domestic partners. Our partnership ended on \_\_\_\_\_ .  
(Date)

### **STUDENT**

NAME (Last, First, Middle Initial) (please print)	Social Security Number
Signature	Date