

**STATEMENT OF TERMINATION OF  
AFFIDAVIT OF DOMESTIC  
PARTNERSHIP**



**I request removal of my domestic partner, and his/her dependents from my insurance coverage effective on \_\_\_\_\_ (Date – please print)**

\_\_\_\_\_  
(Name of domestic partner – please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name(s) of domestic partner's dependents – please print)

I understand that I will not be able to apply for coverage of another domestic partner until 12 months have passed from the above date, unless my domestic partner is deceased. I have mailed a copy of this *Statement of Termination* to my former domestic partner.

\_\_\_\_\_  
(Name of employee – please print)

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

The foregoing *Statement of Termination of Affidavit of Domestic Partnership* was subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

County of \_\_\_\_\_ State of Colorado

\_\_\_\_\_  
Notary Public

Notary commission expires \_\_\_\_\_, 20\_\_\_\_\_.