



STATEMENT OF THE TERMINATION OF A DOMESTIC PARTNERSHIP

Please complete this form and return via fax to 773.834.0996 or scan the form and email to benefits@uchicago.edu.

Employee/Student Name: _____ SS#: _____

Email Address: _____

Phone Number: _____

Domestic Partner Name: _____

I. Declaration

- a. I declare that there has been a change in my status of domestic partnership which would make the Domestic Partner named above no longer eligible for University benefits.
b. I make this statement to affirm that our domestic partnership has been terminated.
c. I understand that benefit coverages for my former Domestic Partner named above will cease to continue.
d. I have mailed a copy of this notice to my former Domestic Partner named above.

II. Acknowledgements

- a. I declare, under penalty of perjury, under the laws of the State of Illinois that the above statements are true and correct.

Employee/Student Signature: _____ Date: _____

FOR BENEFITS TEAM ONLY:

Approved Denied and Reason: _____

Benefits Staff Signature: _____ Date: _____