



STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____ declare my Domestic Partnership with,
(Employee's name, printed)

_____ has ended as of _____.
(Former Domestic Partner's name) (Date)

I sent a copy of this notice to my former domestic partner on _____, 20____. I mailed a copy or copies to:

Domestic Partner:

Third Party with copy of Declaration, if applicable:

Name: _____

Name: _____

Address: _____

Address: _____

City/St/Zip: _____

City/St/Zip: _____

I attest the statement above are true and correct.

If the employee and/or domestic partner is a resident of a State or City that provides for registration and/or dissolution of a domestic partnership, then State or City documentation for dissolution of domestic partnership must accompany this document.

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

On this _____ day of _____ in the year 20____, before me, _____
(Notary's name)

a notary public for the State of _____, personally appeared _____ and
(Employee's name)

_____, known to me to be the persons named in the foregoing instruments, and
(Domestic partner's name)

acknowledged to me that they executed the same as their free act and deed, for the uses and purposes therein mentioned.

Signature of Notary Public

(Seal)

Printed Name of Notary Public

Commission Expiration Date: _____

Please provide the original to the Idaho AGC Health Plan along with any relevant State forms. Retain a copy for your records.