CALIBER

RESTORING THE RHYTHM OF YOUR LIFE

Affidavit for Termination of Domestic Partnership

I, _____ submitting this Affidavit of Termination of Domestic Partnership to cancel the Affidavit of Domestic Partnership previously filed

Name of Employee

I declare and acknowledge that I wish to cancel the Affidavit of Domestic Partnership for the following reason:

.

- The relationship between _____and me ended on _____.

Name of Domestic Partner *Date*

- My Domestic Partner _____ died on _____.

Name of Domestic Partner *Date*

I understand that the effectiveness of filing this Affidavit of Termination of Domestic Partnership is that my Domestic Partner will no longer be covered under Caliber Benefits Program.

I understand that another Affidavit of Domestic Partnership cannot be filed until the earlier of:

- Six (6) months from the date the Affidavit of Termination of Domestic Partnership was filed, or
- The date I register a Domestic Partner or enter a civil union in a state [or municipality] where such registration exists.

Furthermore, if I had declared my Domestic Partner to be eligible for tax-favored health coverage, I understand that I may be liable for taxes because of the termination of the relationship.

In the event that termination of this relationship is not due to the death of my Domestic Partner, I will mail my former Domestic Partner a copy of this notice within 30 days to the Caliber Benefits Center:

_____

_____

_____

I affirm that the assertions in this affidavit are true to the best of my knowledge.

_____ _____

Signature of Employee *Date*

_____ _____

Signature of Notary Public *Date* *(Notary Seal)*

Please return completed document to the Caliber Benefits Center.

a. By scanning and uploading to your Empyrean account OR

b. By faxing 888-546-7579