



Affidavit of Termination of Domestic Partnership

The following affidavit must be completed in full and submitted along with the Dependent Eligibility Verification Form.

I, _____, affirm, under penalty of perjury, that the Domestic
(Name of Employee)

Partnership previously attested to by me is terminated as specified below:

Name of former Domestic Partner: _____

Date of Termination Domestic Partnership: _____
(Date)

- I understand that the effect of filing this Affidavit of Termination of Domestic Partnership is that my Domestic Partner will no longer be covered under the City of Tacoma's Benefits Program.
- I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after this Affidavit of Termination of Domestic Partnership has been filed with my Human Resources Department unless termination of the Affidavit is due to death of my spouse/domestic partner.
- I understand the City of Tacoma may rescind my dependent medical /dental/ vision coverage retroactively in the case of fraud or intentional misrepresentation of fact.
- If I am voluntarily removing an ineligible dependent, I understand that coverage may be rescinded to the date the dependent became ineligible and that I may be required to repay any claims incurred on behalf of the ineligible dependent.

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

(Employee Signature)

(Employee ID number)

(Date)

NOTARIZATION

State of Washington
County of Pierce

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, personally appeared _____ and _____ personally known to me to be the persons described in and who executed this Affidavit, and acknowledged to me that they signed the same freely and voluntarily for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last written above.

Notary Public in and for the State of Washington,

Residing at _____

My Commission expires: _____