

Affidavit of Termination of Domestic Partnership Status

**Please Print		
I,		
(Name of Faculty/Staff Member)	Banner ID Number (required)
	that I previously filed the appropria estic partnership, and I now inform t	ate <i>Affidavit</i> with the University Benefit's office to establish the university that:
	i	is no longer my domestic partner as of
(Name	e of former Domestic Partner)	(Date)
	rstand that the domestic partner ident plan(s).	ntified above is no longer eligible for Kent State University
I certify that in addition to this <i>Affidavit</i> , I am submitting to the University Benefits Office the necessary forms for the purpose of canceling any KSU benefit plan coverage(s) in which my former domestic partner was enrolled. These forms are available online at: http://www.kent.edu/hr/forms/index.cfm .		
	certify that I will provide my former ing address (please print):	domestic partner with a copy of this Affidavit at the
Forme	r Domestic Partner's Name:	
Street	Address:	
City/S	tate/ZipCode:	
cannot partne	be filed to establish a new domestic	nestic Partnership or an Affidavit of Sponsored Dependency c partnership until six (6) months after this domestic derstand that this form will be filed with the KSU Benefit's
(Signature of Faculty/Staff Member) (Date Signed)		
	Return this form to:	Kent State University - University Benefits Office Heer Hall PO Box 5190 Kent, OH 44242-0001