Termination of Domestic Partnership

Partner A

_____ _____

Print Name Signature

_____

Street Address City State Zip Code

Partner B

_____ _____

Print Name Signature

_____

Street Address City State Zip Code

NOW THEREFORE, I/We declare, state and acknowledge that the Domestic Partnership between the above-named individuals has been terminated. All benefits for the Domestic Partner will terminate at the end of the month in which this notarized and returned to the Sage Benefits Team.

The Domestic Partnership has terminated because of one of the following reasons:

_____ My Domestic Partner is deceased

_____ My Domestic Partner has or I have married or formed a civil union

_____ My Domestic Partner and I no longer are in a close, committed relationship

_____ My Domestic Partner and I no longer share a common household

_____ If only I have signed above, and my partner is not deceased, I hereby affirm that I have attempted to notify my Domestic Partner of the termination by certified mail (please attach certified mail receipt)

Sworn to before m on this day of _____, _____.

_____ _____ _____

Notary County State

SEAL