



The University of Georgia
Human Resources

Office use only	
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F/E/S/DP	_____
UGAC ofc	_____
Log	_____
MyBen (if app)	_____
Requester confirmation email	_____

Termination of Domestic Partnership

- I am a benefits-eligible UGA faculty/staff member
- I am a non-benefits eligible UGA faculty/staff member
- I am a UGA student
- I am a domestic partner of a UGA employee or student

_____ UGA faculty/staff/student name

_____ Domestic partner name

are no longer domestic partners as of _____.
(date)

I certify I have mailed a copy of this *Termination* to my above named former domestic partner. We understand domestic partner benefits or services will end on the last day of the month during which the domestic partnership is terminated.

In the event more than one such *Termination of Domestic Partnership* is provided with conflicting dates of termination of domestic partnership, the University of Georgia shall rely on the document with the earlier date.

I make and file this *Termination* in order to cancel the *Declaration of Domestic Partnership* filed by me previously because we no longer meet all the requirements of domestic partnership under the University of Georgia benefits/ services arrangements set forth in *Declaration of Domestic Partnership*.

If I am the faculty/staff/student of the University of Georgia, I understand that I may not file another *Declaration of Domestic Partnership* until 90 days after the date this relationship ended as indicated above.

I affirm, under penalty of perjury, the above statements are true and correct.

Signature of <input type="checkbox"/> faculty/staff/student <input type="checkbox"/> domestic partner	Date	Email (If you wish to receive HR confirmation of receipt of this form)
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Printed name of faculty/staff/student domestic partner
(Name should be same as signature above.)

Employee, student, or domestic partner, mail or deliver this completed form to:
The University of Georgia
Employee Benefits
Human Resources Building
215 S. Jackson Street
Athens, GA 30602