



Termination Declaration of Same-Sex Domestic Partnership

Employee / Retiree Information

(PRINT Employee's Name) PSU ID #

Address: _____

() - _____ () - _____
Home Phone Work Phone

Termination Declaration:

I, _____, certify that I previously filed an Affirmation
(PRINT Employee's Name)

of Same-Sex Domestic Partnership. I now inform The Pennsylvania State University that

_____ is no longer my same-sex domestic partner as of
(PRINT Partner Name)

_____/_____/_____.
(Date)

I further certify that a copy of this Termination Declaration of Same-Sex Domestic Partnership has been provided to the partner identified above.

Employee Signature

_____/_____/_____
Date

Please fax or mail the completed form to:
Penn State University, Employee Benefits Division
410 James M. Elliott Bldg
University Park, PA 16802

FAX: (814) 865-6820

** All Affidavits of Same-Sex Domestic Partnership and Terminations of Same-Sex Domestic Partnership will be held confidentially in the Employee Benefits Division.