



Washington Counties Insurance Fund
Declaration of Termination of Domestic Partnership

SECTION I

I, [Name of Employee (Print)] declare that, as of [Month / Day / Year], I am no longer in a domestic partnership with [Name of Domestic Partner (Print)] because:

- our domestic partnership no longer meets all the status criteria set forth in our Declaration of Domestic Partnership.
domestic partner is deceased as of [Month / Day / Year]
the registered domestic partnership dissolved as of [Month / Day / Year] (Please attach documentation)
[]

SECTION II

I understand that termination of coverage of the domestic partner and the domestic partner's dependent children, if any, will be effective upon receipt of this Declaration.

I affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

[Employee Signature] [Month / Day / Year]
(or Former Domestic Partner's Signature)

[Employee Address]

[Former Domestic Partner's Address]