

**TERMINATION OF DOMESTIC PARTNERSHIP**

**I am hereby notifying City of Dallas that my domestic partnership with**

\_\_\_\_\_  
**Domestic Partner (print)**

**has ended or no longer meets all requirements as established by the City.**

- I understand that this will revoke my AFFIDAVIT OF DOMESTIC PARTNERSHIP.
- I understand that before I can claim another DOMESTIC PARTNERSHIP with the same or different partner, I must once again meet all the requirements for at least six (6) consecutive months.
- I understand that I need to notify Human Resources within 30 days of the termination of the relationship in order for my Domestic Partner and his or her children to receive continuation of coverage under COBRA.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Employee Address