

# Human Resources Department

## Forms

### STATEMENT OF CHANGE OR TERMINATION OF DOMESTIC PARTNERSHIP

I, \_\_\_\_\_ (employee), hereby notify Roosevelt University that the following changes have taken place, which effect the Domestic Partnership Statement that

\_\_\_\_\_ (domestic partner) and I

signed on \_\_\_\_\_ (date).

\_\_\_\_\_ My domestic partner and I ended our domestic partnership effective \_\_\_\_\_.  
(date)

\_\_\_\_\_ My domestic partner and I no longer share the same residence.

\_\_\_\_\_ My domestic partner and I no longer have joint responsibility for each other's common welfare and/or shared financial obligations.

\_\_\_\_\_ Effective \_\_\_\_\_ (date), one of us is now married to another person.

I understand that our domestic partnership status is terminated as of the date I execute this statement, and that I cannot file a subsequent Statement of Domestic Partnership until 12 months from now, even if it is with the same domestic partner named above. I further understand that the ending of this partnership also ends the eligibility of my partner and the dependent children of my partner to participate in the University's health and tuition program.

I hereby affirm that I have mailed a copy of this statement to my domestic partner named above.

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

\_\_\_\_\_  
Date

(RETURN THIS COMPLETED FORM TO THE DEPARTMENT OF HUMAN RESOURCES OFFICE)

Received in the HRD on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (HR Representative)