



I, _____ certify that:
Name of Enrollee (Please Print)

I, _____ and _____
Name of Enrollee (Please Print) Name of Domestic Partner (Please Print)

have terminated our domestic partnership.
I affirm that the effective date of termination of this domestic partnership is: _____
Date

I affirm that a copy of this termination statement has been or will be provided to my former Domestic Partner within 30 days of termination of this domestic partnership.

I understand that I may not enroll another Domestic Partner, or reenroll the same Domestic Partner, until one year after the date this form is filed.

I understand that my partner's children named below, if any, that are covered under my NYSHIP enrollment will end (unless otherwise eligible) on the termination date of this domestic partnership.

Domestic Partner's child's/children's name(s): _____

I affirm that assertions in this notice are true to the best of my knowledge and understand that any false or misleading statements made subject me to financial responsibility for any benefits paid on behalf of my partner and/or my partner's children. I understand that false statements may result in disciplinary action by my employer and/or result in criminal and/or civil penalties and in other legal actions such as the prosecution of insurance fraud.

Signature of Enrollee (sign in the presence of a Notary): _____ Date: _____
Social Security Number: _____

Subscribed and sworn to before me on this _____ day of _____,

NOTARY PUBLIC

Personal Privacy Protection Law Notification

The information you provide on this application is requested in accordance with Section 163 of New York State Civil Service Law for the principal purpose of administering the New York State Health Insurance Program. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.