

Affidavit of Dissolution of Domestic Partnership

Academic Faculty, Administrative Professionals,
Veterinary and Clinical Psychology Interns,
Post Doctoral Fellows
HUMAN RESOURCES

Declaration

We _____ and _____
(Faculty, Admin Pro and eligible Non-Classified Staff Name) (Domestic Partner Name)

certify that we are no longer domestic partners effective _____ in accordance with the
(Date)
criteria established by the Colorado State University Affidavit of Domestic Partnership signed on _____.
(Date)

Acknowledgement

1. By signing this statement, I acknowledge that _____, my former domestic partner, is no longer entitled to any benefits extended to this individual, through me, as an employee of Colorado State University.
2. I certify that in addition to this statement, I am submitting to the Benefits Unit the necessary forms within thirty (30) days for the purpose of canceling any benefits plan coverage(s) in which my former domestic partner was enrolled.
3. I also certify that I will provide my former domestic partner within ten (10) days of completing this statement with a copy of this statement at the following address (please print):

Former Domestic Partner's Name

Street Address

City, State, Zip Code

(The CSU Benefits Unit will use this address to mail health plan continuation of coverage information, if applicable, to your former domestic partner unless another address is provided.)

4. I understand that another Affidavit of Domestic Partnership may not be filed to establish a new domestic partner until twelve (12) months after this domestic partnership has been terminated as identified above and received by the CSU Benefits.

I affirm that the statements above are true and complete to the best of my knowledge.

Signature of Employee

Date Signed



MyHR
Working Together

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Notary

IN WITNESS WHEREOF, I have executed the Affidavit of Termination of Domestic Partnership on this _____ day of _____, 20_____.

Faculty/Admin Pro/Non-Classified Staff Printed Name

Faculty/Admin Pro/Non-Classified Staff Signature

The foregoing Affidavit was subscribed and sworn to before me in the County of _____, State of _____, this _____ day of _____, 20_____.

[SEAL]

Notary Public

My commission expires: _____