



Risk Management JPA Fringe Benefits Consortium



SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS

DOMESTIC PARTNERS – STATEMENT OF TERMINATION

District Name: _____

STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

This form must be filed with the San Diego County Fringe Benefits Consortium within 30 days of termination of a domestic partnership. A copy must be mailed to your domestic partner.

Employee's Name: _____

Social Security Number: _____

I hereby affirm, under penalty of perjury, that my domestic partnership with _____ has ended.

If my former domestic partner's signature is not provided below, I sent a copy of this notice to my former domestic partner on _____.

I mailed the copy to my former domestic partner at the following address:

I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Employee's Signature

Domestic Partner's Signature

Print Employee's Name

Print Domestic Partner's Name

Date