Cleveland State University

Affidavit of Termination of Domestic Partnership

Employee Name _____CSU ID Number _____

Street Address_____

City_____ State_____ Postal Code_____

Name of Former Domestic Partner _____

Street Address_____

City_____ State_____ Postal Code_____

Social Security Number_____ Date of Birth_____

Remove above-listed former Domestic Partner as my Emergency Contact: □ Yes □ No

If yes, please provide new contact information here: _____

_____

You may also wish to consider your life insurance and retirement system beneficiary designations.

CERTIFICATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I previously filed an *"Affidavit of Domestic Partnership"* with the above-named individual at Cleveland State University. I certify that effective _____200___ this Domestic Partnership is terminated. I understand that the individual identified above and his/her dependent children are no longer eligible for the following programs:

1. Group Health Insurance Plans (Medical, Dental, Vision). COBRA continuation will be offered.
2. Student Fee Authorization Benefits.
3. Impact/ EAP (COBRA continuation will be offered).
4. I understand that I may no longer apply for accumulated sick leave and/or FMLA leave to care for this individual and/or his/her dependents.

I understand that another *"Affidavit of Domestic Partnership"* cannot be filed until six (6) months after the most recent domestic partnership has been terminated and that this *"Affidavit of Termination of Domestic Partnership"* has been filed with the Department of Human Resources Development and Labor Relations at Cleveland State University and a copy of this "*Affidavit of Termination of Domestic Partnership*" has been mailed to the former domestic partner named above at the last known address.

_____ _____
Employee Signature Date

AND/ OR

_____ _____
Domestic Partner Signature Date

_____ _____
Notary Date

Return form to: Cleveland State University, Department of Human Resources, Development & Labor Relations, 2121 Euclid Avenue, AC 113, Cleveland, OH 44115 (216) 687-3636 (voice) (216) 687-9334 (fax)