

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN**

**NOTICE OF DOMESTIC PARTNERSHIP TERMINATION**

*Instructions: If you have previously signed an Affidavit of Domestic Partnership, complete this form to notify the Court that your domestic partner no longer qualifies as a domestic partner eligible for dependent coverage under the Superior Court of California, County of Kern’s Health and Welfare Plan (the “Plan”).*

I, \_\_\_\_\_ (print name of Employee) do hereby declare under penalty of perjury that:

I have previously signed an Affidavit of Domestic Partnership to enroll \_\_\_\_\_ (print name of former domestic partner) (“Former Domestic Partner”) for dependent coverage under the Plan. The statements made in such Affidavit regarding our domestic partnership are no longer true effective as of \_\_\_\_\_ (enter first date that statements regarding domestic partnership were no longer true).

I understand that on and after the effective date indicated above my Former Domestic Partner will not be eligible for dependent coverage under the Plan.

The foregoing statements made are true and correct as of the date of this notice.

Executed this \_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Employee Partner

\_\_\_\_\_  
Type or Print Name