



Northwestern University
Termination of Same-Gender Domestic Partner Relationship

Submit completed form to
University Services
Chicago Fitness Program

PERSONAL INFORMATION

NAME (Last Name, First Name MI):	ID NUMBER: _____
E-MAIL ADDRESS:	TELEPHONE NUMBER:
HOME ADDRESS:	

DOMESTIC PARTNER INFORMATION

DOMESTIC PARTNER NAME (Last Name, First Name MI):

ACKNOWLEDGEMENT

<p>I, _____, certify that I previously filed a Declaration of Same-Gender Domestic Partnership Relationship.</p> <p>I now inform the University that _____ is no longer my Domestic Partner as of _____.</p> <p>I further certify that a copy of this Declaration of Termination has been mailed to the partner identified above.</p> <p>I understand that a new Declaration of Same-Gender Domestic Partner Relationship cannot be filed until 6 months from the date this Declaration of Termination has been received by the University.</p> <p>I understand that this document does <u>not</u> act as an enrollment form. A Benefits Change form is still required to drop my partner from all University benefits.</p>		
<table> <tr> <td>SIGNATURE:</td> <td>DATE:</td> </tr> </table>	SIGNATURE:	DATE:
SIGNATURE:	DATE:	

Office Use Only	<input type="checkbox"/> Entered in Chicago Fitness Database	Effective Date:
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