



**Northwestern University**  
**Termination of Same-Gender Domestic Partner Relationship**

Submit completed form to  
 Benefits Division  
 720 University Place  
 Evanston, IL 60208

**EMPLOYEE PERSONAL INFORMATION**

EMPLOYEE NAME (Last Name, First Name MI):		EMPLOYEE ID: _____
DATE OF BIRTH ____/____/____	E-MAIL ADDRESS	CAMPUS TELEPHONE NUMBER
HOME ADDRESS		

**DOMESTIC PARTNER INFORMATION**

DOMESTIC PARTNER NAME (Last Name, First Name MI):	DATE OF BIRTH ____/____/____
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**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, certify that I previously filed a Declaration of Same-Gender Domestic Partnership Relationship.

I now inform the University that \_\_\_\_\_ is no longer my Domestic Partner as of \_\_\_\_\_.

I further certify that a copy of this Declaration of Termination has been mailed to the partner identified above.

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.

I understand that this document does not act as an enrollment form. **A Benefits Change form is still required to drop my partner from all University benefits.**

EMPLOYEE SIGNATURE:	DATE:
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Office Use Only	<input type="checkbox"/> Entered in HRIS <input type="checkbox"/> Submitted to Payroll	Effective Date:
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