



Office use only

Rec'd _____
F/S/S/DP _____
UGAC ofc _____

Termination of Domestic Partnership

_____ UGA faculty/staff/student

_____ Domestic partner

are no longer domestic partners as of _____
(date)

I certify I have mailed a copy of this *Termination* to my above named former domestic partner. We understand domestic partner services will end on the last day of the month during which the domestic partnership is terminated.

I make and file this *Termination* in order to cancel the *Declaration of Domestic Partnership* filed by me previously because we no longer meet all the requirements of domestic partnership under the University of Georgia services arrangements set forth in *Declaration of Domestic Partnership*.

If I am the faculty/staff/student of the University of Georgia, I understand that I may not file another *Declaration of Domestic Partnership* until 90 days after the date this relationship ended as indicated above.

I affirm, under penalty of perjury, the above statements are true and correct.

Signature of faculty/staff/student domestic partner

_____ Date

_____ Email
(If you wish to receive HR confirmation of receipt of this form)

Printed name of faculty/staff/student domestic partner
(Name should be same as signature above.)

Faculty/staff/students, mail or deliver this completed form to:
The University of Georgia
Employee Benefits
Human Resources Building
215 S. Jackson Street
Athens, GA 30602