



**Human Resources Division**

Benefits Office  
7 East 12<sup>th</sup> Street, 2<sup>nd</sup> Floor  
New York, NY 10003-4475

**NEW YORK UNIVERSITY**

**STATEMENT OF TERMINATION  
OF DOMESTIC PARTNERSHIP**

\_\_\_\_\_ certify that I am no longer in a domestic partnership with  
(employee)

\_\_\_\_\_ as of \_\_\_\_\_ as defined on the New York University  
(former domestic partner) (date)

Statement of Domestic Partnership that I signed and dated on \_\_\_\_\_. I declare that I will  
(date filed)

mail a copy of this Statement of Termination of Domestic Partnership to my former Domestic Partner at:

\_\_\_\_\_

as soon as I receive a signed and accepted copy from the Benefits Office. I declare under penalty of

perjury the above statements to be true and correct. I have received and read the summary of

University Policy on Domestic Partner Benefit Coverage and I understand that my former partner and/or

partner's children are no longer eligible for the benefits outlined in this Summary. I agree to return my

former partner's and/or children's family member NYU ID cards to the Benefits Office.

\_\_\_\_\_  
Employee's signature Date Employee's Soc. Sec. Number

Employee's address and telephone number;

\_\_\_\_\_

Accepted by: \_\_\_\_\_  
NYU Benefits Office