

**Affidavit of Termination
of Domestic Partnership**



Declaration

I, _____ (Employee), certify that on or about _____ 20____ (Date)
that the Domestic Partner relationship between myself and _____ (Name of
Domestic Partner) has dissolved.

Domestic Partner Dissolution

A Domestic Partnership ends when:

- The Partners are no longer each other's sole Domestic Partner; or
- The Partners no longer share the same common residence(s); or
- The Partners no longer assume mutual obligations for the welfare and support of each other; or
- One of the Partners dies.

I acknowledge that we no longer meet the criteria set forth in the Affidavit of Domestic Partnership form, and we will no longer be considered Domestic Partners. I also acknowledge that I will send a copy of this Affidavit of Termination of Domestic Partnership form to my former Domestic Partner on _____, 20 ____ at the following address:

Street Address

City, State, Zip Code

Other Acknowledgements

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct. I, the Enrollee, understand that any false or misleading statement made will subject me to disciplinary action up to and including termination of employment and possible charges of fraud.

Employee Information

Signature

Employee ID Number

Date Signed

**This completed form should be uploaded
to the Benefit Enrollment site. If you have any questions, please contact the Veolia Benefits
Center at (844) 690-0918.**