



Termination of Domestic Partnership Statement

Declaration

We, _____ and _____ certify that
(print faculty/staff member's name) (print partner's name)
we are no longer domestic partners in accordance with the criteria established by the Statement of Domestic Partnership signed on _____.

Acknowledgment

By signing this statement, I acknowledge that _____, my certified domestic partner, is no longer entitled to any benefits accorded to this individual, through me, as an employee of Vanderbilt University.

I affirm that the statements above are true and complete to the best of my knowledge. I also understand that filing this statement may impose upon me obligations to Vanderbilt University made on behalf of my domestic partner or to the creditors of my domestic partner made during our enrollment period.

Employee Signature

Partner Signature

Print Name

Print Name

Social Security Number

Social Security Number

Employee ID Number

Date

Date

*Return form to: Director of Benefits, Vanderbilt HR Benefits, VU Station B #357700,
2301 Vanderbilt Place, Nashville, TN 37235-7700*