

Affidavit of Termination of Domestic Partnership [Retiree Only]

The following affidavit must be completed in full and submitted along with the <u>Dependent Eligibility</u> <u>Verification Form</u>.

l,	, affirm, under penalty of	f perjury, that the Domestic
(Name of Retiree)		
Partnership previously attested to by me is te	erminated as specified below:	
Name of former Domestic Partner:		
Date of Termination Domestic Partnershi	ip:	
 I understand that the effect of filing this partner will no longer be covered under 		•
 I understand that another Affidavit of Do Affidavit of Termination of Domestic Par termination of the Affidavit is due to dear 	tnership has been filed with my Retir	
 I understand the City of Tacoma may re- in the case of fraud or intentional misrep 		vision coverage retroactively
 If I am voluntarily removing an ineligible the dependent became ineligible and the ineligible dependent. 	·	-
Retiree Signature	Social Security No.	Date
	NOTARIZATION	
State of		
On this day of personally appeared		
personally known to me to be the persons des me that they signed the same freely and volun	cribed in and who executed this Affic	davit, and acknowledged to
IN WITNESS WHEREOF, I have hereunto set above.	my hand and affixed my official seal	the day and year last written
	Notary Public Signature	
SEAL	Residing at	
	My Commission expires:	