CONFIDENTIAL

City of Berkeley

TERMINATION OF DOMESTIC PARTNERSHIP

I _____ Certify that:
Name of employee (please print)

I _____ and _____
Name of employee (please print) Name of domestic partner (please print)

have terminated our domestic partnership on _____due to:
(date)

☐ **Separation** **OR** ☐ **Marriage**

- I affirm, under a penalty of perjury, that a copy of the termination statement has been mailed to my former domestic partner.

- I understand that another affidavit of Domestic Partnership cannot be filed until six (6) months after the statement of termination of the previous partnership has been filed with the Department of Human Resources.

- I understand that this statement of termination of domestic partnership must be filed with:
  City of Berkeley, Human Resources Department
  2180 Milvia Street
  Berkeley, CA 94704
  Attn: Benefits Analyst

- I affirm, under penalty of perjury, that assertions in this affidavit are true to the best of my knowledge.

IMPORTANT NOTE: If your domestic partner was receiving medical and/or dental benefits through the City of Berkeley, the Fair Market Value of the benefit was considered taxable income. The taxable income (TAX DP…) is on the first check of each month. Following termination of your partnership, notify Payroll Audit to update your benefits. Review the BENEFITS (CUR) column of your next payroll stub to ensure that the taxable income (TAX DP…) is no longer active.

_____ _____
Signature Date