



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, affirm that the Affidavit of Domestic Partnership attested to and signed by me on _____ shall be and is terminated as of this date.

Name of Employee
Date of Affidavit

Termination is due to:

- Termination of domestic partnership because of a change in one or more of the circumstances attested to in Section One of the Affidavit.
- Death of domestic partner.

I understand that I cannot file a Statement of Domestic Partnership to enroll a new domestic partner until 30 days following the receipt of this Statement by my employer.

Signature of Employee

Date

ID Number

Group Number

Received by:

Employee Representative

Date

