

**CITY OF EUGENE**

**Statement of Termination of Domestic Partnership or  
Termination of Domestic Partner Health Insurance Coverage**

This form may be used to either terminate your domestic partnership relationship, which includes terminating health insurance (Section 1), or to only terminate your domestic partner's health insurance coverage (Section 2). Return to Employee Benefits, Employee Resource Center, 940 Willamette St, Suite 200, Eugene, OR 97401. Call 541-682-5062 with questions.

**If your domestic partner needs to be removed from your health coverage**, you will also need to complete an updated Health Plan Enrollment Form as a life event through Employee Self Service in PeopleSoft.

**Complete Either**

**Section 1: Termination of Domestic Partnership Relationship**

I affirm that the Declaration of Domestic Partnership between myself and my Domestic Partner:  
\_\_\_\_\_, shall be terminated as of (date) \_\_\_\_\_, due to a change in one or more circumstances attested to in Section II of the Declaration. I understand that I cannot file a Declaration of Domestic Partnership to enroll a new domestic partner until six (6) months following the receipt of this Statement by my employer.

**Or**

**Section 2: Termination of Health Insurance Coverage for Domestic Partner**

I wish to terminate health insurance coverage under the City of Eugene's health plans for my current

Domestic Partner: \_\_\_\_\_, as of (date) \_\_\_\_\_.

Termination of coverage is due to:

Domestic partner is now covered under another insurance plan.

Other – please explain (required).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_