



NOTICE OF DISSOLUTION OF DOMESTIC PARTNERSHIP

I, [Employee - Print Name], certify that I previously filed a Statement of Domestic Partnership with PGCPS. I now inform PGCPS that [Same-Sex Domestic Partner - Print Name] is no longer my Domestic Partner as of [Date of Dissolution].

I further certify that a signed copy of this Notice of Dissolution of Domestic Partnership had been mailed or otherwise delivered to the Domestic Partner identified above.

I understand that I may not file a new Statement of Domestic Partnership Statement for a minimum of twelve (12) months following the date this Notice of Dissolution of Domestic Partnership has been received by PGCPS.

ACKNOWLEDGEMENTS:

- 1. I request and understand that all benefits afforded to my ex-Domestic Partner and his/her dependent children and contributions for their coverage will cease as of the usual date for spouses and dependents of other Employees.
2. I understand that any person/employer/company who suffers any loss due to any false statement contained here may bring a civil action against me to recover their losses.
3. I affirm, under penalty of perjury, that the assertions in this Notice are true to the best of my knowledge.
4. The last known address of my ex-Domestic Partner (for COBRA notice purposes) is:

[Blank lines for address information]

EMPLOYEE:

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public _____

My Commission expires: _____