



# COCONINO COUNTY ARIZONA

## Notice of Termination of Domestic Partnership

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I, \_\_\_\_\_ previously filed with my employer an Affidavit of  
(Employee's Name)  
Domestic Partnership for selected fringe benefits.

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This serves as my notice that \_\_\_\_\_ is no longer my domestic  
(Name of Former Domestic Partner)  
partner effective \_\_\_\_\_  
Date

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My domestic partner, \_\_\_\_\_, died on: \_\_\_\_\_  
(Name of Domestic Partner)

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I understand that by filing this Notice of Termination of Domestic Partnership my former domestic partner will no longer be eligible for fringe benefit plans in which he/she were formerly enrolled. The ineligibility also extends to the legal dependents of my former domestic partner.

I understand that by filing this Termination of Domestic Partnership that a subsequent Affidavit of Domestic Partnership may not be filed for at least 12 months.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date