

**CITY OF FLAGSTAFF HOUSING AUTHORITY**

**Notice of Termination of Qualified Domestic Partnership**

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I \_\_\_\_\_ previously filed with the City of Flagstaff, a *Qualified*  
(Employee/Retiree Name – Print)

*Domestic Partnership Affidavit* for election of City provided group benefits.

This serves as my notice that \_\_\_\_\_ is no longer my  
(Former Qualified Domestic Partner Name – Print)

qualified domestic partner effective \_\_\_\_/\_\_\_\_/\_\_\_\_ due to dissolution of the domestic partnership and/or failure to  
Date

meet any stated requirements on the *Qualified Domestic Partner Affidavit*.

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My domestic partner died on: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Date

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I understand that by filing this *Notice of Termination of Qualified Domestic Partnership*, my former qualified domestic partner is no longer eligible for City provided group benefits in which he/she was formerly enrolled. The ineligibility also extends to a dependent child (ren) of my former domestic partner.

I understand that by filing this *Notice of Termination of Qualified Domestic Partnership* that a subsequent *Qualified Domestic Partnership Affidavit* may not be filed for at least twelve (12) months.

\_\_\_\_\_  
(Employee/Retiree Signature)

\_\_\_\_\_  
Date

**Please note that the domestic partner will not be eligible to continue benefits under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) unless the domestic partner is a qualified tax code dependent. An eligible dependent child (ren) of the domestic partner will be eligible to continue benefits under COBRA.**