

I, _____ OSU Employee ID Number (required)
(Name of Faculty/Staff Member – Print)

Certify that I previously filed the appropriate Affidavit with the Office of Human Resources to establish a domestic partnership, and I now inform the university that

_____ is no longer my domestic partner as of _____
(Name of former Domestic Partner – Print) (Date)

I understand that the domestic partner identified above is no longer eligible for the following programs:

- Health Benefits (medical, dental, and vision care plans)¹
- Child Care Program
- Dependent Group Term Life Insurance (DGLI)
- Dependent Tuition Assistance Program
- Employee Discount Programs
- Financial Planning Series
- University Faculty and Staff Assistance Program (UFSAP)

I certify that in addition to this Affidavit, I am submitting to the Office of Human Resources the necessary forms for the purpose of canceling any Ohio State benefit plan coverage(s) in which my former domestic partner was enrolled. These forms are available online at hr.osu.edu/forms.

I also certify that I will provide my former domestic partner with a copy of this Affidavit at the following address (please print):

Former Domestic Partner's Name

Street Address

City State Zip Code

(The university will use **this address** to mail Health Plan Continuation of Coverage information to your former domestic partner, unless another address is provided.)

I understand that another Affidavit of Domestic Partnership or an Affidavit of Sponsored Dependency cannot be filed to establish a new domestic partnership until six (6) months after this domestic partnership has been terminated. I also understand that this form will be filed with the Office of Human Resources.

Signature of Faculty/Staff Member Date Signed

¹You must complete the university Health Election Form, available online at hr.osu.edu/forms, in order to make enrollment changes. The completed form must be submitted to the Office of Human Resources within 31 days of the qualifying status change. Coverage and contributions will be effective back to the qualifying status change date. If you do not notify the university within 31 days, the change can only be made at the next open enrollment period.

Return this form with your Health and/or DGLI Election Form(s) to: The Ohio State University, Office of Human Resources, Benefits Processing/SSDP, Suite 300, 1590 North High Street, Columbus, OH 43201-2190