

## Statement of Termination of Domestic Partnership

CORNELL UNIVERSITY ENDOWED AND CORNELL NYC TECH FACULTY AND STAFF

I, \_\_\_\_\_ (print name of faculty/staff), declare that  
\_\_\_\_\_ (print name of partner) and I are no longer partners.

I make and file this Statement of Termination of Partnership in order to cancel the Statement of Partnership previously filed by me with Benefit Services.

I mailed my former partner a copy of this notice at (address):

\_\_\_\_\_

On date: \_\_\_\_\_

Former partner's current address (if different from above):

\_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to HR Services and Transitions Center, East Hill Office Building, Suite 130, 395 Pine Tree Road, Ithaca, New York 14850**