



You want to make a difference. So do we.™

Domestic Partnership Termination

Note: Within 30 days of the termination of a Domestic Partnership, this form must be completed and uploaded into Benefits Advisor along with updating your relationship status and benefit election.

I, _____, [Associate name] submit this Termination of Domestic Partnership to inform Paycor that my domestic partnership has been terminated because:

The relationship with _____ [domestic partner name] ended on _____ [date].

My domestic partner _____ [domestic partner name] died on _____ [date].

I understand that the effect of filing this Declaration of Termination of Domestic Partnership is that my domestic partner will no longer be covered under Paycor’s benefits.

I understand that I must wait six (6) months from the date my domestic partnership ends before I am eligible to cover another eligible domestic partner in Paycor benefits.

Furthermore, I understand I may be responsible for payment of income taxes because of Paycor providing benefits to my former Domestic Partner.

I affirm that the assertions in this affidavit are true to the best of my knowledge.

Associate Name (please print)

Associate Signature

Date

Note to Domestic Partner: You should receive a letter from our COBRA Administrator informing you of your eligibility for continuation of coverage.