



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
 4160 Dublin Boulevard, Suite 400
 Dublin, CA 94568-7756
 Toll Free (800) 922-9902 Fax: (925) 833-7301
 Email: Dc16info@hsba.com
www.dci6trustfund.org



NOTICE FOR ENDING A DOMESTIC PARTNERSHIP

**** Read this entire notice before you sign ****

WHEN TO USE THIS NOTICE

When a Domestic Partnership ends, at least one partner must sign a *Disenrollment of Domestic Partnership* verifying the partnership has terminated.

WHEN DOES A DOMESTIC PARTNERSHIP END?

A Domestic Partnership ends when:

- The partners no longer live together;
- One of the partners sends the other a *Disenrollment of Domestic Partnership*;
- One of the partners marries;
- One of the partners dies.

WHAT YOU NEED TO DO WITH THIS NOTICE

If you created your Domestic Partnership by filing a Declaration with a government agency, you must file this notice with the government agency.

YOU MUST SEND A COPY TO YOUR PARTNER

Unless your former partner died, you must send a copy of the notice to him or her at their last known address.

WHO ELSE GETS COPIES OF THIS NOTICE?

You and/or your former partner must send this notice to any persons, groups, and/or agencies to which you and/or your former partner gave a copy of your *Enrollment Form for Domestic Partners* or your *Declaration of Domestic Partnership* to. You and/or your former partner are responsible to send this notice to those individuals even if the other partner dies.

DISENROLLMENT OF DOMESTIC PARTNERSHIP

My Name is: _____

My Domestic Partnership with _____ has terminated as of _____

Dependents: _____

I sent a copy of this notice to my former Domestic Partner on _____

I mailed a copy or copies to the following persons, groups and/or agencies:

I have provided a copy of this notice to my employer.

I declare that this statement is true and correct.

Signature: _____ Date _____

Print Name: _____

Last 4 Digits of your Social Security Number: _____