

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, certify and declare that: _____
(Member-print name) (Former Domestic Partner-print name)
and I are no longer domestic partners as of ___/___/____. I understand that coverage for this individual and this individual's dependent children will terminate on this date.

1. I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me with the State Bar of Texas Insurance Trust on ___/___/____.
2. Termination of the Declaration of Domestic Partnership is due to:

 ___ Termination of domestic partnership.
 ___ Change of residence.
 ___ Marriage to another person.
 ___ No longer jointly responsible for each other's common welfare and living expenses.
 ___ Death of domestic partner.

I understand that another Declaration of Domestic Partnership cannot be filed until six (6) months from the date the relationship ends (as indicated above).

In the event that termination of this relationship is **not** due to the death of my domestic partner, I will mail my former domestic partner a copy of this notice to:

(Former Domestic Partner's New Address)

I affirm, under penalty of perjury, that the above statements are true and correct.

(Signature of Member)

Date

(Domestic Partner Signature)

Date