## **City and County of Broomfield**

## STATEMENT OF TERMINATION OF AFFIDAVIT OF DOMESTIC PARTNERSHIP



I request removal of my of	domestic partn	er, and his/her depend	ents from my insurance
coverage effective on		(Date – <i>plea</i>	ase print)
Name of domestic partner	– please print:		
Name(s) of domestic partr	ner's dependent	s – please print:	
mailed a copy of this Sta  Name of employee – pleas		madon to my former c	iomestic partner.
(Employee signature)			
The foregoing Statement of and sworn to before me the		of Affidavit of Domestic	Partnership was subscribed
day of	, 20	County of	State of Colorado
Notary Public			
Notary commission expires		. 20	