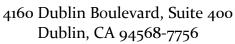
DISTRICT COUNCIL 16

Northern California Health and Welfare Trust Fund



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: | _ | | |