

**Pennsylvania Employees Benefit Trust Fund  
Individual Domestic Partnership Termination Statement**

I, \_\_\_\_\_, certify that I am no longer a domestic partner with  
(Print Employee Name)

\_\_\_\_\_. The domestic partner relationship ended on \_\_\_\_\_.  
(Print Domestic Partner Name) (date)

I understand that I cannot enroll another domestic partner for at least six months, unless this domestic partnership ended as a result of death or marriage of my domestic partner.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date