



Department of
Civil Service

EMPLOYEE BENEFITS DIVISION

Termination of Domestic Partnership

PS-425.4 (3/17)

I, _____ certify that:
Name of Enrollee (Please Print)

I, _____ and _____
Name of Enrollee (Please Print) *Name of Domestic Partner (Please Print)*

have terminated our domestic partnership.

I affirm that the effective date of termination of this domestic partnership is: _____
Date

I affirm that a copy of this termination statement has been or will be provided to my former Domestic Partner within 30 days of termination of this domestic partnership.

I understand that I may not enroll another Domestic Partner, or reenroll the same Domestic Partner, until **one year** after the date this form is filed.

I understand that my partner's children named below, if any, that are covered under my NYSHIP enrollment will end (unless otherwise eligible) on the termination date of this domestic partnership.

Domestic Partner's child's/children's name(s): _____

I affirm that assertions in this notice are true to the best of my knowledge and understand that any false or misleading statements made subject me to financial responsibility for any benefits paid on behalf of my partner and/or my partner's children. I understand that false statements may result in disciplinary action by my employer and/or result in criminal and/or civil penalties and in other legal actions such as the prosecution of insurance fraud.

Signature of Enrollee **(sign in the presence of a Notary)**:

Date:

Social Security Number:

Subscribed and sworn to before me on this _____ day of _____, _____

NOTARY PUBLIC

Personal Privacy Protection Law Notification

The information you provide on this application is requested for the principal purpose of administering the New York State Health Insurance Program, Dental Program, Vision Program, and/or Employee Benefit Fund Program. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law. Failure to provide the information requested may prevent the Department from processing this application. This information will be maintained by the Employee Benefits Division, NYS Dept. of Civil Service, Albany, NY 12239. For information related to the Personal Privacy Protection Law, call (518) 457-9375. **For more information concerning the Domestic Partnership Program, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 4:00 p.m.**