

Route this form to:  
Employee Benefits Suite  
100 Donhowe  
319 15<sup>th</sup> Ave. SE  
Minneapolis, MN 55455

**U Wide Form**  
UM 1505

Rev: 7/01/01

## Notice of Termination of Domestic Partnership

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I, the undersigned, declare that \_\_\_\_\_ (the name of the individual shown on the declaration) and I are no longer domestic partners; and either:

1. I mailed my former domestic partner a copy of this notice at

\_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_  
address month and day year

**OR**

2. My domestic partner died on \_\_\_\_\_, \_\_\_\_\_.  
month and day year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Empl ID

\_\_\_\_\_  
Date