

Statement of Termination of Domestic Partnership

CORNELL UNIVERSITY ENDOWED AND CORNELL NYC TECH FACULTY AND STAFF

I, _____ (print name of faculty/staff), declare that
_____ (print name of partner) and I are no longer partners.

I make and file this Statement of Termination of Partnership in order to cancel the Statement of Partnership previously filed by me with Benefit Services.

I mailed my former partner a copy of this notice at (address):

On date: _____

Former partner's current address (if different from above):

Signed: _____

Print name: _____

Address: _____

Date: _____

Return to HR Services and Transitions Center, East Hill Office Building, Suite 130, 395 Pine Tree Road, Ithaca, New York 14850