

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY
PO Box 9054, Santa Fe, New Mexico 87504

AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

Return this form to your employer within 31 calendar days from the date the domestic partnership terminated.

I, _____, hereby notify the New Mexico Public Schools
(Print School Employee's Name)
Insurance Authority that my former partner, _____, and I are no longer
(Print Former Domestic Partner's Name)
"domestic partners" as defined in the regulations of the New Mexico Public Schools Insurance Authority
(6.50.1.7NMAC) and I wish to terminate the domestic partnership benefits I now receive through the New Mexico Public
Schools Insurance Authority **effective:** _____.
=====

Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip
to the signature section below.

If the termination is caused by the death or marriage of the domestic partner, please provide the date of the death
or marriage (**provide proof of marriage**): _____.
(Month/Day/Year)
=====

I declare, under penalty of perjury, that the above statements are true and correct. (*Sign this Notice in the presence of a
Notary Public.*)

Signature Print Name Date

Mailing Address City State Zip Code

Former Partner's Signature Print Name Date

Former Partner's Mailing Address City State Zip Code

STATE OF NEW MEXICO)
)ss.
COUNTY OF _____)
(County Name)

SUBSCRIBER AND SWORN to this ____ day of _____, by
(Month/Year)

(Print Employee's Name)

Notary Public

Notary Seal:

My Commission Expires: _____