



New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • P. O. Box 9054 • Santa Fe, NM 87504
Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

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 Insurance
(Print Employee's Name)

Authority that my former partner, _____ and I are no longer "domestic
(Print Former Domestic Partner's Name)

partners" as defined in the regulations of the New Mexico Public Schools Insurance Authority (6.50.1.7 NMAC) 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

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

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

(Print Employee's Name)

Notary Public

Notary Seal:

My Commission Expires: _____