



Hampshire College

Termination of Same-Sex/Opposite-Sex Domestic Partnership or Tax-Qualified Dependent Status

Please print clearly and complete all information requested.

Employee Information

Employee: _____ **Phone Extension:** _____

You are required to notify Hampshire College within 31 days of the dissolution of your Domestic Partnership. You are also required to notify the College if your Domestic Partner, or your Partner's child(ren) are no longer your tax-qualified dependents. For a termination of your Domestic Partnership, you must complete Section **A** below. For a change in the tax-qualified status of your Domestic Partner, or your Partner's child(ren), you must complete Section **B** below.

A. Partnership Dissolution

Please list the name of your former Domestic Partner and the date on which your Domestic Partnership terminated.

Name: _____ **Partnership Termination Date:** _____

1. I hereby certify that (1) my Domestic Partnership with the above named Domestic Partner termination as of the date set forth above, and (ii) a copy of this termination statement has been mailed (or will be mailed within five (5) days from the date of this statement) to my former Partner.
2. I understand that, as a result of signing this statement, my Domestic Partner will cease to be covered under any plans for which I have elected Domestic Partner coverage as of the last day of the month including the partnership termination date. I understand further, that the child(ren) of my Domestic Partner no longer will be covered under any plan for which I have elected dependent coverage as of the last day of the month including the partnership termination date, unless the child(ren) is (are), and continue(s) to be after the date of this statement (i) my child, my legally adopted child, my stepchild, or a foster child who is dependent upon me for support and maintenance, and (ii) otherwise continue(s) to meet the requirements for eligibility under the plan(s) for which the child(ren) was (were) covered prior to the date of this statement.
3. I understand that, as a result of the termination, I may not enroll this Domestic Partner or a new Domestic Partner (and/or my Domestic Partner's children) under the College's plans for a period of at least twelve (12) months and then only at open enrollment.

B. Termination of Tax-Qualified Dependent(s) Status

In my "Same-Sex/Opposite-Sex Domestic Partnership and Tax-Qualified Dependent Certification" I elected coverage for each individual listed below and certified that each such individual was my tax-qualified dependent as defined by the Internal Revenue Code and would be treated as such for purposes of filing my personal income tax return. I hereby certify that such individual(s) is (are) no longer my tax-qualified dependent(s) as of the date(s) set forth below.

Name: _____

Termination of Tax-Qualified Status Date: _____

Name: _____

Termination of Tax-Qualified Status Date: _____

Name: _____

Termination of Tax-Qualified Status Date: _____

Name: _____

Termination of Tax-Qualified Status Date: _____

Signature of Employee

Date

Accepted by Hampshire College

By: _____

Date

Title: _____