

## Dissolution of Domestic Partnership

### Declaration

I, \_\_\_\_\_ (*Employee*), certify that on or about \_\_\_\_\_, 20\_\_\_\_, the Domestic Partner relationship between me and \_\_\_\_\_ (*Domestic Partner*) has dissolved.

I acknowledge that we no longer meet the criteria set forth in the GW Affidavit of Domestic Partnership form, and we will no longer be considered Domestic Partners.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee GWID: \_\_\_\_\_

Along with this completed form you will need to log into the benefits enrollment system and process the life event Dissolution of Domestic Partnership to remove any ineligible dependents from your benefits within 30 days of the date of dissolution.

### **Benefits Enrollment System**

[www.benedetails.gwu.edu](http://www.benedetails.gwu.edu)

### **Benefits Administration Department Contact Information**

#### **Scan & Email Completed Form to:**

benefits@gwu.edu

#### **Fax Completed Form to:**

703-726-8385

#### **Mail Completed Form to:**

Benefits Administration Department  
45155 Research Place Suite 160  
Ashburn, VA 20147

#### **Phone:**

(888) 4GWUBEN (449-8236)