



North Coast Schools' Medical Insurance Group

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SERVING DEL Norte COUNTY AND HUMBOLDT COUNTY SCHOOLS

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

Instructions:

- 1. Complete and return to your District Office.

I, the undersigned, do declare that:

Former Partner: _____ and I are no longer
Domestic Partners.
(Last) (First) (Middle)

If termination is caused by death or marriage of the domestic partner, please indicate the date of the death or the marriage: _____
(Date)

The representations herein are true, correct, and contain no material omission of fact to the best of my knowledge and belief. Sign and print complete name. (If not printed legibly, application will be rejected.) Signature must be notarized.

Signature (Last) (First) (Middle)

Mailing Address City State Zip Code

NOTARIZATION IS REQUIRED
State of California, County of _____

On _____, before me, _____, personally
appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is
subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her
authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

Signature of Notary Public [Place Notary Seal Here]