JOHNSON COUNTY COMMUNITY COLLEGE
FLEXIBLE BENEFITS PLAN

TERMINATION OF DOMESTIC PARTNERSHIP

We,_____and _____
certify that we have been receiving Medical, Dental and/or Vision coverage under the College's Flexible Benefits Plan because:

1. We were each other's sole domestic partner and intended to remain so indefinitely.

2. We were jointly responsible for each other's common welfare, shared financial obligations and shared our primary residence. We provided evidence of joint responsibility through the following (A or B):

_____ A. A civil union licensed under state law (civil union is defined as a legally recognized union between same sex partners), or other recognized marriage under Kansas law

OR

_____ B. Two or more of the following:

_____1. Joint mortgage or joint ownership of primary residence.
_____2. Joint ownership of motor vehicle.
_____3. Joint checking account.
_____4. Joint credit account.
_____5. Joint lease.
_____6. The Domestic Partner has been designated as a beneficiary for employee's will, retirement contract, or life insurance.

3. And otherwise met the Plan's criteria for Domestic Partner status.

As of _____, 20___, we provide further evidence that the above conditions are no longer valid and our Domestic Partnership has been terminated, with coverage under this Plan being lost for the Domestic Partner as of the end the month from this date.

We certify that the foregoing is true and correct.

Note: Signing of this Affidavit may affect important legal rights. Please consult your attorney.

Signature of Employee:_____ Date: _____

Signature of Domestic Partner:_____ Date: _____