



Blue Cross and Blue Shield of New Mexico

STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____ affirm that effective _____, day of _____
Name of Employee (print)

20 _____, _____ and I are no longer Domestic Partners.
Name of Domestic Partner (print)

I make and file this Statement of Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership filed by me with Blue Cross and Blue Shield of New Mexico on _____. I certify that I mailed my former Domestic Partner a copy of this notice at _____ on _____.

Name of Employee (print)

Employee Signature

Employee Address

Date

On this _____, day of _____, 20_____, before me personally came _____, to me known to be the individual described as "Employee" as a free and voluntary act for the uses and purposes stated herein.

Notary Public

My Commission Expires: _____

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.