

**ALAMEDA COUNTY EMPLOYEES RETIREMENT ASSOCIATION
TERMINATION OF DOMESTIC PARTNERSHIP**

I, _____, affirm under penalty of perjury
(Print Employee Name/Social Security Number)

that my Domestic Partnership with _____, has been
(Print Partner's Name)

terminated and a statement of termination has been mailed to the
aforementioned partner.

I understand that I may not file another Affidavit of Domestic Partnership
until a Termination of Domestic Partnership form has been on file with ACERA
for six(6) months.

Signature: _____ Date: _____

NOTE: If your domestic partner (or dependents of your domestic partner)
were enrolled for health and/or dental coverage, you must
complete health/dental change of status forms to delete the
ineligible dependent(s). Contact ACERA for the necessary forms.

RETURN THIS FORM TO THE ACERA OFFICE.

Date received by ACERA