



**Termination Statement of Domestic Partnership**

I, \_\_\_\_\_ SSN \_\_\_\_\_,  
(Print faculty/staff member's name and SSN)

have terminated my domestic partnership with

\_\_\_\_\_ SSN \_\_\_\_\_,  
(Print former domestic partner's name and SSN)

The date that our domestic partnership terminated was \_\_\_/\_\_\_/\_\_\_\_\_.

Under penalty of perjury, I affirm that I will mail a copy of this completed termination statement to my former spouse/domestic partner.

Faculty/Staff Member's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Submit completed form and all requested documents to the Office of Human Resources by email at HRbenefits@lincoln.edu or fax to 484-365-8060.

**Office of Human Resources**

1570 Baltimore Pike  
Lincoln University, PA 19352-0999

484-365-8059 phone  
484-365-8060 fax  
LUHR@lincoln.edu