



Statement of Dissolution of Domestic Partnership

This Statement of Dissolution of Domestic Partnership (“Statement of Dissolution”) serves as notification to the Episcopal Church Medical Trust (the “Medical Trust”) of the termination of the domestic partnership between the persons named below.

Subscriber Name _____ Date of Birth _____

Phone Number _____ Email Address _____

Street Address, City, State, Zip _____

Domestic Partner Name _____ Date of Birth _____

Phone Number _____ Email Address _____

Street Address, City, State, Zip _____

CERTIFICATION

I hereby certify that, as of the date written below, my domestic partnership, as defined by the Medical Trust, with the above named person has terminated or no longer meets the criteria for coverage under the health plans offered through the Medical Trust (the “Plans”).

I understand that:

- As of the date that this domestic partnership terminates, a domestic partner ceases to be eligible for the benefits that are available to domestic partners under the Plans,
- A subsequent Affidavit of Domestic Partnership may not be filed until all the requirements as outlined in such affidavit are met, and
- It is my responsibility to provide a copy of this form to my former domestic partner.

I have read and understand this Statement of Dissolution, including the information on the back of this form. I affirm, under penalty of perjury, that the assertions in this Statement of Dissolution are true and correct.

Subscriber or Domestic Partner Signature _____ Date _____

General Information

Filing a Statement of Dissolution of Domestic Partnership

- Either partner can file a Statement of Dissolution of Domestic Partnership
- Provide all of the requested information on the Statement of Dissolution
- Submit your signed Statement of Dissolution to your Group Administrator along with your enrollment form terminating your Domestic Partner from coverage, keeping a copy for your records.

Important Notes

- A Statement of Dissolution of Domestic Partnership filed with the Medical Trust does not invalidate a written beneficiary designation on file with the Church Pension Fund and its affiliates.
- A domestic partner may be eligible for an Extension of Benefits after this domestic partnership terminates, if the Medical Trust is notified in a timely manner. The domestic partner will be responsible for the full amount of the monthly contributions and will be billed directly.
- Failure to timely notify the Medical Trust of the termination of this domestic partnership, may result in medical expenses being erroneously paid on the domestic partner's behalf. The subscriber is responsible for repaying any overpaid health benefits claims.

For Office Use Only:

Statement of Dissolution Effective Date: _____

Reviewed By: _____