

**TERMINATION
OF
FINANCIALLY INTERDEPENDENT PARTNERSHIP**

I _____, certify that; _____
Name of employee (please print) partner's name (please print)

and I have terminated our financially interdependent partnership. I affirm that the effective date of the termination of this partnership was _____
Date (please print)

I affirm that a copy of this termination statement has been mailed to my former partner.

I understand that another statement of financial interdependency cannot be filed with the University until I have met all the necessary requirements stated on the University's Statement of Financial Interdependence form.

I affirm that the declarations and representations stated in this one page document are true and correct. I understand that any misrepresentation of the status of our financially interdependent relationship may result in disciplinary action up to and including termination of employment, and that I will be responsible for reimbursement to the University for any costs involved in providing benefit coverage of legal actions resulting from the filing of this termination statement.

I hereby revoke the election I made on _____ to enroll my financially interdependent partner and their eligible dependent(s).

Signature of Employee

Date

University of Alaska Human Resource Services Representative

Date