

**Affidavit of Termination of Domestic Partnership of Employees of  
The Court Officers Benevolent Association of Nassau County Health and Welfare Fund**

STATE OF \_\_\_\_\_ )  
  :SS.:  
COUNTY OF \_\_\_\_\_ )

I \_\_\_\_\_ being duly sworn, depose and declare that:  
  Name of Member (Please Print)

I \_\_\_\_\_ and \_\_\_\_\_ have terminated our domestic partnership.  
  Name of Member (Please Print)  Name of Partner (Please Print)

1. I affirm that the effective date of termination of this domestic partnership is \_\_\_\_\_
2. I affirm that a copy of this termination statement will be provided to my former domestic partner within seven days.
3. I understand that another Affidavit of Domestic Partnership cannot be filed until two years after this statement of termination of the previous partnership has been filed with the Court Officers Benevolent Association of Nassau County Health and Welfare Fund.
4. I affirm that statements in this notice are true to the best of my knowledge and understand that false statements may require payment by me of claims incorrectly paid on behalf of my former partner listed above. I understand that false statements may result in disciplinary action by my employer or in other legal actions appropriate to the prosecution of insurance fraud.

\_\_\_\_\_  
**Signature of member**

COA \_\_\_\_\_  
**Member's Health & Welfare ID Number**

**Sworn to before** me this           Day of 20\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

This information is being requested pursuant to Section 161-A of the New York State Civil Service Law for the principal purpose of determining the eligibility of your domestic partner for benefits under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in a denial of eligibility to participate in the Fund. This information will be maintained by the Fund Office.