## **SCMEBF**



## DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I,	, previously filed with Suffolk (	County Municipal Empl	oyees Benefit
(Member's Name) Fund a Statement of Domest	ic Partnership. I now inform the Bene	efit Fund that	
is no longer my Domestic Pa		(F	ormer Partner)
	is Declaration of Termination of Don gible for benefits supplied by SCMEE er domestic partner.		
	this Declaration of Termination of ay not be filed for at least two (2) y		that a Statement
I will send a copy of this not	ice to my former domestic partner at	his/her address:	
(Street Address)	(City)	(State)	(Zip)
I swear or affirm under penal above are true and correct.	lty of perjury under the laws of the St	tate I currently reside that	at the statements
Name:	Signature:	Date:	
(Member's Name)	(In presence of notary)		(Signature Date)
State of			For Use by Notary
State of	) ss.: )		
	irmed) before me this day of		
(Month), (Year), by	(Name of signer)		
(Signature of Notary)			

(Seal of Notary)