



# New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • P. O. Box 9054 • Santa Fe, NM 87504  
Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

## AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

**Return this form to your employer within 31 calendar days from the date the domestic partnership terminated.**

I \_\_\_\_\_, hereby notify the New Mexico Public Schools Insurance  
(Print School Employee's Name)

Authority that my former partner, \_\_\_\_\_ and I are no longer "domestic  
(Print Former Domestic Partner's Name)

partners" as defined in the regulations of the New Mexico Public Schools Insurance Authority (6.50.1.7 NMAC) and I wish to terminate the domestic partnership benefits I now receive through the New Mexico Public Schools Insurance authority effective: \_\_\_\_\_.

**Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip to the signature section below.**

If the termination is caused by the death or marriage of the domestic partner, please provide the date of the death or marriage (**provide proof of marriage**): \_\_\_\_\_.  
(Month/Day/Year)

I declare, under penalty of perjury, that the above statements are true and correct. (**Sign this Notice in the presence of a Notary Public.**)

\_\_\_\_\_  
Signature Print Name Date

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Former Partner's Signature Print Name Date

\_\_\_\_\_  
Former Partner's Mailing Address City State Zip Code

STATE OF NEW MEXICO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )  
(County Name)

SUBSCRIBED AND SWORN to this \_\_\_\_\_ day of \_\_\_\_\_, by  
(Month/Year)

\_\_\_\_\_  
(Print Employee's Name)

\_\_\_\_\_  
Notary Public

Notary Seal:

My Commission Expires: \_\_\_\_\_