

Dissolution of Domestic Partnership

GW Benefits
benefits@gwu.edu
(571) 553-8382

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

Declaration

I, _____, certify that on or about _____, 20____,
Employee (print) Month Year
the Domestic Partner relationship between myself and _____ has dissolved.
Domestic partner (print)

I acknowledge that we no longer meet the criteria set forth in the GW Affidavit of Domestic Partnership form, and we will no longer be considered Domestic Partners.

Employee signature

Date

Employee name (print)

Employee GWID

.....
In addition to submitting this completed form, you will need to log in to the benefits enrollment system and process the life event Dissolution of Domestic Partnership to remove any ineligible dependents from your benefits within 30 days of the date of dissolution.

Benefits Enrollment System

<http://go.gwu.edu/easyenroll>

GW Benefits Contact Information

Scan and email completed form to: **benefits@gwu.edu**

Fax completed form to: **(571) 553-8385**

Mail completed form to: **GW Benefits, 45155 Research Place, Suite 160, Ashburn, VA 20147**

Benefits Call Center: **(888) 4GWUBEN (449-8236)**