



# Blue Cross and Blue Shield of New Mexico

## STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, \_\_\_\_\_ affirm that effective \_\_\_\_\_, day of \_\_\_\_\_  
Name of Employee (print)

20 \_\_\_\_\_, \_\_\_\_\_ and I are no longer Domestic Partners.  
Name of Domestic Partner (print)

I make and file this Statement of Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership filed by me with Blue Cross and Blue Shield of New Mexico on \_\_\_\_\_. I certify that I mailed my former Domestic Partner a copy of this notice at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Name of Employee (print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Address

\_\_\_\_\_  
Date

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described as "Employee" as a free and voluntary act for the uses and purposes stated herein.

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

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

**A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.**