

II. Change in Domestic Partnership:

- A. Each of us agrees to notify the Group of any changes to our domestic partnership, as attested to in the declarations above. For example, if one partner changes residence or if we are no longer each other's sole Domestic Partner, we will notify the Group. *Notice will be in the form of a **Statement of Termination**, which will be completed in full and will include the names of any children effected by the change.* The Statement of Termination will be filed with the Group within 31 days of the change. Coverage for the Domestic Partner and any affected children will terminate at the end of the month, which includes the date on which the individual ceases to meet the definition of a Domestic Partner. Continuation and conversion privileges will be subject to the terms of the Domestic Partners Rider and the Subscriber Certificate and/or Dental Plan Description.
- B. Both partners agree that if either executes a Statement of Termination, he or she will mail a copy of the Statement of Termination to the last known address of the other (unless the other party is deceased).
- C. Both partners agree that a subsequent Domestic Partner Affidavit cannot be filed until 12 months after any Statement of Termination is received by the Group. The 12 month period will be waived only if another Domestic Partner Affidavit is filed for the same domestic partners within 31 days following the date that the Statement of Termination is received by the Group.

By signing this affidavit, we agree that HealthTrust has full recovery rights if it is determined that any statement is false or misleading. We also agree that if any statement is determined to be false or misleading, or if we fail to notify the Group of changes effecting eligibility, our health and/or dental coverage may be terminated on a date as determined by HealthTrust.

Employee signature Date

Employee address

Domestic Partner's signature Date

Domestic Partner's address

STATE OF _____

COUNTY OF _____

on this _____ DAY OF _____, in the year _____, before me personally appeared herein and who executed the foregoing, and swore to its truth.

Before me, _____
Notary Public Signature and Commission Exp. Date