



Affidavit of Termination of Domestic Partnership

STEP 1: Employee and Former Domestic Partner Information

Employee Name: _____	Date of Birth: ___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Former Domestic Partner Name: _____	Date of Birth: ___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

STEP 2: Qualification of Termination of Domestic Partnership Status

I certify that I previously filed an Affidavit of Domestic Partnership for the individual named above to establish eligibility for benefit coverage, and I now inform Hertz that the above mentioned Domestic Partner no longer meets the eligibility requirements for domestic partnership as of ___/___/___ (MM/DD/YYYY).

STEP 3: Signatures (*EMPLOYEE must sign below in the presence of notary.*)

I have read and understand the provisions of this Affidavit of Termination of Domestic Partnership. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action. We have reviewed the information provided herein and do hereby certify that it is true and correct to the best of our knowledge.

Employee Signature (Required)

Date

STEP 4: Notarization

Signed before me on ___/___/___ (MM/DD/YYYY)

Place seal or stamp here

Notary Public Signature

My Commission Expiration Date