

F02331 Statement of Termination of Domestic Partnership

Staff/Retiree Name *(Last, First, Middle):*

UPI:

I hereby confirm that *(Domestic Partner's Name)*

and I are no longer domestic partners.

The domestic partnership ended on *(date)*

I make and file this Statement of Termination in order to cancel my Affidavit of Domestic Partnership on file with the World Bank Group.

I mailed my former domestic partner a copy of this notice at the following address on the date noted below. If applicable, I have notified my former domestic partner of his/her rights to medical insurance continuation programs offered by the World Bank Group.

Address

Date

I understand that after a domestic partnership is terminated, a subsequent Affidavit of Domestic Partnership cannot be filed with the World Bank Group until at least 12 months after the Statement of Termination.

Staff/Retiree Signature:

Date:

Please return this document to the HR Operations via *(select one transmittal format, and submit only once):*

1. E-Mail to hroperations@worldbank.org
2. Fax +1 (202) 522-7026
3. Interoffice mail MSN G2-202