

MAPFRE DISSOLUTION OF DOMESTIC PARTNERSHIP

You must notify MAPFRE if there is any change in your status as domestic partners (for example, a change in joint residence or if you are no longer each other’s sole domestic partner, by completing the below Statement of Dissolution of Domestic Partner (“Statement of Termination”) and mailing a copy to the other party. After such termination, a subsequent Affidavit of Domestic Partnership cannot be filed until 12 months after a Statement of Dissolution has been filed with MAPRE. The 12-month waiting period will be waived only if another affidavit is filed for the same domestic partner within 31 days following the filing date of the Statement of Dissolution. Upon submission of this Statement, your former Domestic Partner and if applicable, any dependents who are the dependents solely of your Domestic Partner, will be removed from all medical, dental, vision, life insurance and voluntary plans as applicable. Coverage will end as of the date noted in item #2 below.

STATEMENT OF DISSOLUTION OF DOMESTIC PARTNER

I, _____, (employee name) submit the Statement of Dissolution of Domestic Partnership.

- 1. _____ (domestic partner name) and I are no longer domestic partners.
2. I make and file this Statement of Dissolution and cancel the Affidavit of Domestic Partnership, dated _____.
3. The above date is within 30 days of the termination of our domestic partnership.
4. I mailed my former domestic partner a copy of this notice on _____.
5. I affirm that the assertion in this affidavit is true to the best of my knowledge.

(Employee Signature)

(Employee Name)

(Date)