

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____ (employee), certify and declare that
_____ (former domestic partner) and I are no longer domestic
partners as of ___/___/____. I understand that coverage under Hankin Group's group
health plan(s) for this individual will terminate on end of month of termination.

1. I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership with _____ previously submitted by me on ___/ ___/ ____.

2. Termination of the Declaration of Domestic Partnership is due to:
 - Termination of domestic partnership
 - Change of residence
 - Marriage to another person
 - No longer jointly responsible for each other's common welfare and living expenses
 - Death of domestic partner

I understand that another Declaration of Domestic Partnership cannot be filed until 12 months from the date the relationship ends (as indicated above).

In the event that termination of this relationship is **not** due to the death of my domestic partner, I declare that I have or will mail my former domestic partner a copy of this notice at:

(former domestic partner new address)

I affirm, under penalty of perjury, that the above statements are true and correct.

Signature of employee

___/___/____
Date