

SANDIA PROPRIETARY INFORMATION  
PERSONALLY IDENTIFIABLE INFORMATION (PII) (WHEN COMPLETE)

**Declaration of Termination of Domestic Partnership Form**

To be completed by the employee and submitted to the Sandia Benefits Customer Service Center at the address above.  
Please keep a copy for your records.

**Sworn Affidavit**

We, \_\_\_\_\_ and \_\_\_\_\_  
Employee Domestic Partner

\_\_\_\_\_  
Employee Social Security Number Domestic Partner Social Security Number

\_\_\_\_\_  
Employee Date of Birth Domestic Partner Date of Birth

\_\_\_\_\_  
Employee SNL ID

do hereby terminate our same-gender domestic partnership as of [date] \_\_\_\_\_.

**Change in Domestic Partnership Benefits**

We understand that due to this change in our status as domestic partners, the non-employee domestic partner and/or any of his/her dependent children are ineligible for Sandia Laboratories health care benefits.

**Acknowledgements**

We understand that this may have intended and unintended legal implications, not all of which may be known by us today, relating, for example, to our ownership or disposition of property or to the taxability of benefits provided by Sandia, and that before signing this form, we should seek competent legal and accounting advice from our own attorney and CPAs concerning such matters.

Please complete this form and return it along with the required documentation to the following address:

**Sandia National Laboratories  
Benefits Department, 3332  
P.O. Box 5800, MS-1022  
Albuquerque, New Mexico 87185-1022**

Please keep a copy of this completed form for your records.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Domestic Partner Signature

City of \_\_\_\_\_  
County of \_\_\_\_\_  
Sworn to before me at \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Notary Public \_\_\_\_\_  
My Commission expires \_\_\_\_\_, 20\_\_.

City of \_\_\_\_\_  
County of \_\_\_\_\_  
Sworn to before me at \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Notary Public \_\_\_\_\_  
My Commission expires \_\_\_\_\_, 20\_\_.