

Marion County

Statement of Termination of  
Domestic Partner Tax-Dependent Status

Complete and send this form to Employee Benefits-Human Resources.

I (employee) \_\_\_\_\_ state that my  
domestic partner no longer qualifies as my tax- qualified dependent, effective  
as of \_\_\_\_\_.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date