

Marion County

Statement of Termination of Domestic Partner Tax-Dependent Status

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

Signature of Employee

Date

Signature of Witness or Benefits Staff Approval

Date

Please remit this form to Employee Benefits:

Mailing Address: Marion County Employee Benefits
P.O. Box 14500, Salem, OR 97309-5036

Physical Address: Courthouse Square: 555 Court St NE, 4th Floor, Room 4250, Salem

**If you have questions on domestic partner benefits, please contact Marion County
Employee Benefits staff in Human Resources at MCEmployeeBenefits@co.marion.or.us
or by calling (503)584-4700**