



Statement of Termination of Spousal Equivalent Relationship

This is to certify that effective _____, _____, and
Date Name of Spousal Equivalent
I no longer share an exclusive relationship similar to marriage.

Therefore, I wish to terminate spousal equivalency benefits for my former partner. I understand that they will no longer be eligible for the University's spousal equivalency benefits and courtesy benefits. I will ensure that my former partner's identification card is returned to Human Resources. I will also provide my former partner with a copy of this termination form.

If my spousal equivalent was covered under any of my Bucknell University Health and Welfare Benefits, I have provided their address and telephone number below, for the purpose of offering COBRA continuation coverage, as required by law:

Employee Name

Date

