

TERMINATION OF DOMESTIC PARTNERSHIP—GRADUATE STUDENTS

UNIVERSITY OF CALIFORNIA

UBEN 253–GSHIP (9/10) University of California Human Resources

Send completed form to:
Wells Fargo Insurance Services
USA, Inc.
11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670-6049

GRADUATE STUDENTS: Use this form to notify UC that your domestic partnership has ended if you used UBEN 250–GSHIP to establish your partnership. Do not use this form if your domestic partnership is registered with the State of California or if your same-sex partnership was validly formed and registered in another jurisdiction and the partnership is substantially equivalent to a California-registered domestic partnership. In that case, the termination process is governed by the laws of the applicable jurisdiction.

If you registered your partnership with the State of California or another jurisdiction as described above and submitted a copy of the appropriate registration form for UC graduate student benefit purposes and the partnership is terminating, you must submit a filed copy of the State Notice of Termination of Domestic Partnership (SEC/STATE NP/SF DP-2) or a copy of a final judgment of dissolution or nullity of the domestic partnership for a California registration or, if your same-sex partnership was validly formed and registered in another jurisdiction and is substantially equivalent to a domestic partnership, a copy of the form or order required by the other jurisdiction to document the termination or nullification of the partnership. In this situation, UC’s form (UBEN 253–GSHIP) will not be accepted as proof that your partnership has terminated.

It is your responsibility to provide your former domestic partner with a copy of this termination form and the date benefits end.

Before you complete your degree program, you may submit a new declaration of domestic partnership if you enter into another partnership that meets UC requirements.

OTHER

In addition to submitting this termination form, you must cancel insurance coverage for a former partner and/or the partner’s child. To do so, you must contact Wells Fargo Insurance Services USA, Inc. at (800-853-5899) or mail this form to the Wells Fargo Address above.

I, the undersigned, declare that my former partner _____
Last name First MI

and I are no longer domestic partners. Our partnership ended on _____
Date

GRADUATE STUDENT (Print and sign your name below)	
NAME (Last, First, Middle Initial) (please print)	GSHIP SUBSCRIBER I.D. OR STUDENT I.D. NUMBER
SIGNATURE	DATE

RETN: Pending

Please photocopy this form for your records.

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus, Office of the President, Graduate Student Health Insurance staff and campus Student Health Services.

The official responsible for maintaining the information contained on this form is Wells Fargo Insurance Services USA, Inc, 11017 Coblerock Drive, Suite 100, Rancho Cordova, CA 95670-6049, (800-853-5899).