TERMINATION OF DOMESTIC PARTNERSHIP—GRADUATE STUDENTS
UNIVERSITY OF CALIFORNIA
UBEN 253–GSHIP (9/10) University of California Human Resources

Please photocopy this form for your records.

SEE REVERSE FOR 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 Cobblerock Drive, Suite 100, Rancho Cordova, CA 95670-6049, (800-853-5899).