

**AFFIDAVIT TERMINATING A  
SAME-SEX SPOUSAL EQUIVALENT RELATIONSHIP  
PERSONAL AND CONFIDENTIAL**

I, the undersigned, do declare that effective \_\_\_\_\_:  
(date)

\_\_\_\_\_ and I are no longer spousal equivalents  
(name of individual as shown on affidavit of same-sex spousal equivalent relationship form)

\_\_\_\_\_  
(address of above individual)

I declare that the above statements are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Social Security Number

Benefits Office Use:

Copy of form mailed to Same Sex Spousal Equivalent \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Sign and Date