



**AFFIDAVIT OF DISSOLUTION OF DOMESTIC PARTNERSHIP**

**Processing Instructions**

1. Please ensure you have processed your online enrollment for this status change on the Graham Benefits Portal at <https://compass.empyreanbenefits.com/gec>.
2. The completed, notarized affidavit of dissolution of domestic partnership should be faxed to the Graham Benefits Center secure fax at 1-866-832-6325. On the cover sheet, please include your name, telephone number, and email address.
3. Upon receipt of the fax, the Graham Benefits Center will review the document and will follow up with you accordingly.
4. Should you have a question or need assistance, please contact the Graham Benefits Center:
  - By Phone: 1-877-878-9898 (Monday through Friday from 8 a.m. to 5 p.m. CT)

**I. DECLARATION:**

I, \_\_\_\_\_ certify and declare that: \_\_\_\_\_  
(Employee - print name) (Domestic Partner - print name)

are no longer domestic partners as of \_\_\_\_\_.  
(Date)

I understand that coverage for this individual and his/her dependent children will terminate as of 11:59 p.m. on the day of the dissolution of the domestic partnership.

1. The Affidavit of Domestic Partner attested to and filed by me with Graham Packaging Company, L.P., shall be and is terminated as of this date; and
2. The termination of the Affidavit of Domestic Partnership is a result of either termination of the partnership or death of the partner; and
3. I understand that another Affidavit of Domestic Partnership cannot be filed until twelve months from the date the relationship ends (as indicated above); and

In the event that termination of this relationship is not due to the death of my domestic partner, I have mailed a copy of this notice to my former domestic partner at:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

(Former domestic partner's address)

I affirm, under penalty of perjury, that the above statements are true and correct.

\_\_\_\_\_  
**(Employee's Signature)** **(Date)**

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)