THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
DOMESTIC PARTNER DISENROLLMENT

To Disenroll a Domestic Partner:

Please complete, sign and return the Domestic Partner Disenrollment Statement.

Send the disenrollment statement to:

School Board of Broward County, Florida
Benefits Department
7770 W. Oakland Park Blvd.
Sunrise, Florida 33351

Phone: 754-321-3100
Fax: 754-321-3280

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
STATEMENT OF DISENROLLMENT OF DOMESTIC PARTNER

I, _____, make and file this **Statement of Disenrollment** in order
(Name of Employee)

to revoke the Domestic Partner Affidavit previously filed for _____
(Name of Domestic Partner)

I declare and acknowledge the following: (check appropriate box)

☐ I wish to discontinue coverage, effective immediately, for _____ and her or his eligible dependent(s), if any.
(Name of Domestic Partner)

OR

☐ My Domestic Partner, _____, died on _____
(Name of Domestic Partner) (Date of Death)

OR

☐ My Domestic Partner relationship (as described in the Domestic Partner Affidavit) between me and

_____, ended on _____
(Name of Domestic Partner) (Date)

I understand that if my Domestic Partner has previously been covered by SBBC's group insurance coverage, filing this Statement of Disenrollment will indicate my Domestic Partner, and her or his eligible dependents, if any, will no longer be covered under the applicable plan(s).

I acknowledge it is my responsiblity to provide a copy of this signed statement to my Domestic Partner.

I affirm, under penalty of perjury, the foregoing statements are true and to the best of my knowledge

_____
Date

_____
Employee's Signature

_____
Employee's Name

_____
Employee's Personnel Number

_____
Address

_____
City State Zip Code