



**Cummins Business Services**  
**2931 Elm Hill Pike**  
**Nashville, TN 37214**

## **Notice of Termination of a Domestic Partnership**

Send your completed form to Cummins Business Services at the address noted above or scan and email to [cbs.lifeevents@cummins.com](mailto:cbs.lifeevents@cummins.com).

**I submit this Notice of Termination of a Domestic Partnership as notice that my domestic partner is no longer eligible.**

### **Employee Information:**

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee WWID: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

### **Domestic Partner Information:**

Domestic Partner Name: \_\_\_\_\_

Domestic Partner Social Security Number: \_\_\_\_\_

Domestic Partner Date of Birth: \_\_\_\_\_

Domestic Partner Dependents Covered: \_\_\_\_\_

**My domestic partner is no longer eligible to obtain benefits through the Cummins benefit plans. We no longer meet the requirements for domestic partnership as set forth in my Affirmation of Domestic Partnership.**

**I acknowledge that there may be tax consequences as a result of this termination and that six months must elapse before another (or same) partner may be enrolled.**

**Upon signing the Notice of Termination of a Domestic Partnership, I will provide a copy to my former domestic partner.**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*This form must be signed and dated to be valid*