21333 Haggerty Road
Suite 300
Novi, MI 48375
248.697.9000
www.learningcaregroup.com

Learning Care Group
Affidavit of Termination of Domestic Partnership

You should complete three original copies of this Affidavit of Termination of Domestic Partnership, sign and affirm each of the copies in the presence of a Notary Public. Return one of the original completed Affidavit to:

Learning Care Group, Attention: Benefits Department, 21333 Haggerty Road, Suite 300, Novi, MI 48375

I, _____, previously filed with Learning Care Group
(Employee's Name - Print)

Health Benefit Plan (the "Plan") an Affidavit of Domestic Partnership. I now inform the Plan that

_____ is no longer my domestic partner as of _____.
(former domestic partner) (date)

I understand that by filing this Affidavit of Termination of Domestic Partnership, my former domestic partner will no longer be eligible for benefit under the Plan in which he/she was formerly enrolled. This ineligibility also extends to the legal dependents of my former domestic partner. I understand that by filing this Affidavit of Termination of Domestic Partnership that a subsequent Affidavit of Domestic Partnership may not be filed for at least 6 months.

_____ _____
(Signature of Employee) (Date Signed)

Please return completed form to the Benefits Department at the address above. You should retain one copy and the third copy should be sent to your former domestic partner.