## **Statement of Termination of Domestic Partner Relationship Status**



## **Employee Information (to be completed by Employee): PLEASE PRINT**

	Employee Last Name	First Name	MI	Social Security Number	Employee Number	
•	Employee Name-please print)	, previously filed a M			-	c Partner
Certific	cation and hereby		ificati dom	on previously estic partner as of	filed. I	attest that
(Print Na	ame of Former Domestic Partner)	is no longer my	uom	estic partiler as of	(Date)	·
The Te •	rmination of the Domestic I Termination of Domestic I Death of Domestic Partne	Partner Relationship on:		: (Date)	or	
Wellne employ	yee** domestic partner is ness Program coverage, if appayee domestic partner.  The former domestic partners, within 31 days of the date	olicable. This ineligibilit r is also an employee o	y also	extends to the lega	I dependents of	my former non-
	rstand that by filing this St tic Partner Certification ma				elationship Statu	ıs, a subsequent
	y that a copy of this Stateme tic partner.	ent of Termination of Do	mest	ic Partner Relationsh	ip has been mai	led to my former
Relatio Compa	ation provided in the Man enship will be kept confider any will need to share info ses of administering benefit	itial to the extent perm rmation with third part	itted	by business necessit	y and the law.	Additionally, the
	Employee Signature				Date Signed	

For additional information, review the Domestic Partner FAQs or visit www.myMPCbenefits.com.

This form should be uploaded in Workday when removing your domestic partner from benefits. For instructions on how to remove your domestic partner from benefits view our <u>tip sheet</u>. MPC Benefits Service Center | Phone: 1-888-421-2199,

Option 1, then Option 3 | Email: benefits@marathonpetroleum.com | Web: www.myMPCbenefits.com