THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
HUMAN RESOURCES

Affidavit of Termination of Declaration of Financial Interdependence City of Columbus

I, _____ after first being duly cautioned and sworn, state the following:

(print the employee name)

- Name of dependent: _____ (hereinafter referred to as "my dependent")
- My social security number is: _____

Certify that I previously filed an Affidavit of Financial Dependence for the individual named above with the City of Columbus to establish eligibility for benefit coverage as defined within City Council Ordinance 1077-2010, and now I inform the City of Columbus that the individual named above no longer meets the eligibility requirements for financial dependence.

I certify that, in addition to this Affidavit, I am submitting within 30 days of the termination of the relationship, the necessary forms for the purpose of canceling the health insurance coverage;

I also certify that I will provide the above named individual, within 30 days of the termination of the relationship, with a signed copy of this Affidavit at the following address:

_____
Name of former eligible dependent

_____
Street address

_____
City/State/Zip Code

I understand that knowingly providing false or misleading information in this Affidavit may result in any or all of the following actions by the City of Columbus: disciplinary action, up to and including civil and/or criminal prosecution.

_____
(Signature of Enrolled City of Columbus Employee)

Sworn to and subscribed in my presence this _____ day of _____, 20____.

_____
(notary public)
commission expires _____, _____.

Recorded in _____ County