Non-Barg Employees - QSC Portal Form

January 22, 2018

TERMINATION OF DOMESTIC PARTNERSHIP

I, _____ certify and declare that _____ and I are no
[Employee] **[Former Domestic Partner]**

longer domestic partners as of _____.

Former Domestic Partner will be removed from your benefits the 1st day of the following month from the date this completed form is received by the HR Service Center.

I submit this Termination of Domestic Partnership form to cancel the Declaration of Domestic Partnership filed by me with FirstEnergy.

I understand that health care coverage for my domestic partner will terminate on the last day of the month based on the date the relationship was terminated.

I understand that another Declaration of Domestic Partnership cannot be filed with FirstEnergy until 12 months from the date this domestic partnership relationship ended based on the termination date above.

I further understand that it is my responsibility to notify my former domestic partner that I have removed him/her from my health care coverage provided by FirstEnergy.

I affirm that the above statements are true and correct.

_____ _____
Employee Signature Date Signed

_____ _____
Employee Name SAP Number

If you **work in OH** return to this location:	If you **do not work in OH** return to this location:
Attn: HRSC A-GO-7 FirstEnergy Corp 76 South Main Street Akron OH 44398 or Interoffice Mail: HRSC, A-GO-7 Fax #: 330-761-2314	Attn: HRSC R-REAP-51 FirstEnergy Corp 2800 Pottsville Pike P O Box 16001 Reading PA 19612 or Interoffice Mail: HRSC, R-REAP-51 Fax #: 330-315-9220