



Cornell University
Division of Human Resources

Benefit Services
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Ithaca, NY 14853-2801
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Statement of Termination of Partnership Cornell University Endowed Employees

I, _____, declare that
faculty/staff (print)

_____ and I are no longer partners
name of partner (print)

I make and file this Statement of Termination of Partnership in order to cancel the Statement of Partnership previously filed by me with Benefit Services.

I mailed my former partner a copy of this notice at _____
(address)

on _____
(date)

Former partner's current address _____
(if different from above)

Signed: _____

Print: _____

Address: _____

Date: _____

11/07