

STATEMENT OF TERMINATION OF SPOUSAL EQUIVALENCY

I, _____, submit this Statement of Termination of Spousal Equivalency.
(Name of Employee)

_____ and I are no longer domestic partners or spousal
(Name of Spousal Equivalent)

equivalents as defined in my Affidavit of Spousal Equivalency, an original which was executed and filed with Pearson Benefits by me and my former spousal equivalent.

I assert that my former domestic partner is aware that I am terminating his/her coverage provided by Pearson.

I affirm that all the statements in this Affidavit are true and complete to the best of my knowledge.

Signature

Date

Name

Address

Pearson Employee ID

City, State, Zip Code

****Please email this form and any other documentation to Pearson Benefits Department at benefits.answers@pearson.com and include the words "Termination of Spousal Equivalency" in the subject line.****