Please note: The content of this draft Affidavit is subject to change, pending modification of related documents and ELCA Church Council approval of underlying Pension and Other Benefits Program documents.

ELCA BOARD OF PENSIONS
AFFIDAVIT OF DISSOLUTION OF PARTNERSHIP

I, _____ (full name of Sponsored, Retired or Continuation Coverage Member) submit this Affidavit of Dissolution of Partnership to the ELCA Board of Pensions in order to terminate the Affidavit of Partnership previously filed with respect to _____ (full name of former same gender partner). Our partnership was dissolved on _____ (mm/dd/yyyy).

I understand the effect of filing this Affidavit of Dissolution of Partnership is that my former same gender partner will no longer be considered an Eligible Same Gender Partner under the ELCA Pension and Other Benefits Program. My former same gender partner's (and his/her dependent children, if applicable) rights to benefits under the ELCA Pension and Other Benefits Program will be terminated on the date our partnership was dissolved, as long as the ELCA Board of Pensions receives this Affidavit within 60 days of the dissolution of our partnership. Upon receipt of this Affidavit, the ELCA Board of Pensions will notify my former same gender partner of the termination of benefit rights and inform him/her of any health coverage continuation rights under the ELCA Medical and Dental Benefits Plan.

I understand that my former same gender partner (and eligible dependents) may continue coverage under the ELCA Medical and Dental Benefits Plan at his/her own expense for a period of up to thirty-six (36) months as long as he/she contacts the ELCA Board of Pensions and elects to continue coverage within 60 days of the date our partnership was dissolved.

I understand that although I have provided the information in this Affidavit for use by the ELCA Board of Pensions for the sole purpose of determining a same gender partner's eligibility for certain benefits under the ELCA Pension and Other Benefits Program, some courts have recognized non-marriage relationships as the equivalent of a marriage or civil union for the purpose of establishing and dividing community property and therefore the filing of this Affidavit may have other unintended legal consequences. I understand the ELCA Board of Pensions encourages me to seek legal advice from a qualified attorney before signing this document.

I certify that I have provided a signed copy of this Affidavit to my former same gender partner. I affirm, under penalty of perjury, that the assertions in this Affidavit are true and correct.

_____	_____	_____
Signature of Member	Print Name	Date

State in which you reside at the time you sign this Affidavit: _____

Address of former same gender partner: _____

Subscribed to and sworn before me
This _____ day of _____, 201__

_____
Notary Public

DRAFT