



**MONTANA UNIVERSITY SYSTEM  
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION  
Benefits Department**

**ADULT DEPENDENT (DOMESTIC PARTNER)  
DISSOLUTION FORM**

Enrollee Name \_\_\_\_\_

Enrollee Campus \_\_\_\_\_

Enrollee SSAN # \_\_\_\_\_

*This form is to be used to remove an Adult Dependent (Domestic Partner) (and associated dependents of the Adult Dependent) who were enrolled in MUS Choices benefits coverage prior to July 1, 2017. Coverage ends at 11:59pm the last day of the month in which the Adult Dependent Dissolution Form is signed below.*

Adult Dependent's Name \_\_\_\_\_

Associated Dependent Child's Name(s) \_\_\_\_\_; \_\_\_\_\_;

\_\_\_\_\_;

**Notification of Change in or Termination of Relationship**

We, the undersigned, attest that our Adult Dependent (Domestic Partner) relationship no longer exists.

Enrollee Signature \_\_\_\_\_

Date \_\_\_\_\_

Adult Dependent Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

**Note: Payments for coverage of an Adult Dependent (and associated dependent children of the Adult Dependent) will continue to be charged to the enrollee (or automatically deducted from an employee's paycheck) until the Adult Dependent Dissolution Form is received by your campus Human Resources/Benefits Office. Premiums paid pre-tax for a Dependent who is no longer eligible may not be retroactively adjusted to provide a refund back more than 30 days or beyond the start of the calendar year, whichever comes first.**

**\*\*Submit the completed Adult Dependent Dissolution form to your campus Human Resources/Benefits Office within 30 days from the date of dissolution. Failure to notify your campus Human Resource/Benefits Office within 60 days from the date of dissolution results in the Adult Dependent and associated dependent children's loss of COBRA rights as described in the Summary Plan Description.**

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