

Termination of Domestic Partnership

Note: In addition to completing this form, you must also create a life event through UKG within 31 days of your termination of Domestic Partnership to delete your Domestic Partner and/or the child of your Domestic Partner in any East West Bank benefits in which they are enrolled.

I, _____, submit this Termination of Domestic Partnership
(Associate Name)

to inform East West Bank that my domestic partnership has been terminated because:

The relationship with _____ ended on _____.
(Domestic Partner Name) (Date)

My domestic partner _____ died on _____.
(Domestic Partner Name) (Date)

I understand that the effect of filing this Termination of Domestic Partnership is that my domestic partner and domestic partner's children (if any) will no longer be covered under East West Bank benefits.

Furthermore, if I had declared my domestic partner as qualified for tax-free health benefits, I understand I may be liable for taxes due to a mid-year termination of the relationship. In the event that termination of this relationship is not due to the death of my domestic partner, I agree to mail my former domestic partner a copy of this notice within 31 days to the following address:

(Address)

I affirm that the statements in this Termination form are true to the best of my knowledge.

Name of Associate (please print)

Associate Signature

Date

Return completed Termination form to:
HR - Benefits Team, HRBenefitAdministration@eastwestbank.com