

**MARATHON OIL COMPANY STATEMENT OF TERMINATION OF DOMESTIC PARTNER RELATIONSHIP**

I, \_\_\_\_\_, \_\_\_\_\_, previously filed a Marathon Oil Company  
(Employee Name – Please print) (Employee Number)

Affidavit of Domestic Partner Relationship and hereby cancel the Marathon Oil Company Affidavit of

Domestic Partner Relationship previously filed. I attest that \_\_\_\_\_ is  
(Name of Former Domestic Partner – Print)  
no longer my domestic partner as of \_\_\_\_\_.  
(Date) \*

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The Termination of the Affidavit of Domestic Partner Relationship is due to:

Termination of Domestic Partner Relationship on: \_\_\_\_\_ \*  
(date)

\* If you have married your Domestic Partner, use the day before the date of marriage here.

Death of Domestic Partner on: \_\_\_\_\_  
(date)

Death of Employee/Retiree on: \_\_\_\_\_  
(date)

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I understand that by filing this Statement of Termination of Domestic Partner Relationship my former non-employee\*\* domestic partner is no longer eligible for Health Plan, Dental Plan, Vision Plan, Wellness Plan, Employee Assistance Program coverage, and International Assignment benefits, if applicable. This ineligibility also extends to the legal dependents of my former non-employee domestic partner. I further understand that my non-employee domestic partner and my non-employee domestic partner’s children are ineligible for COBRA continuation coverage.

**(\*\*If the former Domestic Partner is also an employee of the Company, they can enroll in the applicable plans, if eligible, within 31 days of the date of this event.)**

I understand that by filing this Statement of Termination of Domestic Partner Relationship, a subsequent Affidavit of Domestic Partner Relationship may not be filed for at least one year.

I certify that a copy of this Statement of Termination of Domestic Partner Relationship has been mailed to my former domestic partner.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

RETURN COMPLETED FORM TO MARATHON OIL COMPANY, HEALTH & WELFARE BENEFITS,  
5555 SAN FELIPE STREET, HOUSTON, TX 77056, FAX TO 713-513-4495, OR SCAN AND  
EMAIL TO: [MROBenefitsHelp@MarathonOil.com](mailto:MROBenefitsHelp@MarathonOil.com). QUESTIONS CALL 1-855-652-3067

Information provided in the Marathon Oil Company Statement of Termination of Domestic Partner Relationship will be kept confidential to the extent permitted by business necessity and the law. Additionally, the Company will need to share information with third party administrators with whom the Company contracts for purposes of administering benefit programs.