PEOPLE & CULTURE

Benefits

TERMINATION OF DOMESTIC PARTNERSHIP

I,_____(employee-print name), certify and declare that: _____ (former domestic partner-print name) and I are no longer domestic partners as of_____(exact date). I understand that coverage on F5's health plan for this individual will terminate at the end of the month following this date, and any optional life insurance purchased for this individual will end on the date of termination. This also applies to any health or life insurance provided to the domestic partner's children. (Note this notification must be received by F5's Benefits Team within 31 days of the date of the termination.)

1. I make and file this Declaration of Termination to cancel the Affidavit of Domestic Partnership filed by me with F5 Networks, Inc.

2. Termination of the Affidavit of Domestic Partnership is due to:

   ☐ Termination of domestic Partnership

   ☐ Change of residence

   ☐ Marriage to another person

   ☐ No longer jointly responsible for each other's common welfare and living expenses

   ☐ Death of domestic partner

In the event that termination of this relationship is **not** due to the death of my domestic partner, I will mail my former domestic partner a copy of this notice. I also understand that my domestic partner may be eligible for COBRA benefits and will provide F5's Benefits Team with his/her current mailing address in a timely manner so the necessary notifications can be sent.

I affirm, under penalty of perjury, that the above statements are true and correct.

_____ _____

Signature of employee Date