



**BARNES**

**Barnes Group Inc.  
Notice of Dissolution of Domestic Partnership**

I, \_\_\_\_\_ (*Employee*) certify that I previously filed an Affidavit of Domestic Partnership with Barnes Group. I request that Barnes Group Inc. immediately terminate the Affidavit of Domestic Partnership relating to the following Domestic Partner and/or the Domestic Partner's eligible dependent children:

Name of Domestic Partner: \_\_\_\_\_

**AND/OR**

Name(s) of Domestic Partner's Eligible Dependents:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Acknowledgments:**

- 1. I understand that all benefits provided to the Domestic Partner and/or the Domestic Partner's eligible dependent children identified in this Notice will be terminated in accordance with the terms of each applicable benefit plan – which may be immediate.
- 2. The last known address of the Domestic Partner identified in this Notice (for benefit continuation purposes, if applicable) is:
  - Street: \_\_\_\_\_
  - Apt/Unit: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. I certify that the information on this Statement is true, complete and accurate. I understand that any misrepresentation or omission of material facts may result in disciplinary action, including termination of employment. I also understand that I am responsible for reimbursement of any expenses incurred as a result of any false, incorrect or misleading statement contained in this Statement (including any related attorneys' fees and costs).
- 4. I further certify that I have mailed or otherwise delivered a copy of this Notice to the Domestic Partner identified above on \_\_\_\_\_ (Date).

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN ORIGINAL COMPLETED FORM TO:**

[Benefits@BGInc.com](mailto:Benefits@BGInc.com)

Or by mail at:  
Barnes Group Inc.  
Attn: Corporate Benefits Department  
123 Main Street  
Bristol, CT 06010