

U.S AIRWAYS NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, affirm the termination of my domestic partnership with
_____ effective _____ (*date partnership ended*).

1 On _____, a Declaration of Domestic Partnership was executed by me and
_____ (*print name*), the other person named in that Declaration of
Domestic Partnership.

2 Because of death of such other person or because of another change in circumstances, one or more
of the statements attested to by me or her/him in the Declaration of Domestic Partnership has ceased
to be accurate.

The other person named in the Declaration of Domestic Partnership:

a. Died on _____ (*date*).

OR

b. the earliest date on which one or more of the statements attested to in the
Declaration of Domestic Partnership became no longer accurate was
_____ (*date*).

If the other person named in the Declaration of Domestic Partnership is living, I have
provided a copy of this Notice of Termination of Domestic Partnership to him/her on
_____ (*date*).

U·S AIRWAYS

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I understand that I will not be able to file a new Declaration of Domestic Partnership until six (6) months after I have filed this Notice of Termination of Domestic Partnership with US Airways unless one of the following applies:

I am registering the same domestic partnership within thirty (30) days of the termination of the partnership. My former domestic partnership was dissolved through the death of my domestic partner.

I declare that the foregoing is true and correct.

Employee Number _____

Employee Name (Please Print) _____

Employee Signature: _____ Date: _____

Return to US Airways Benefits – Attention: Tammy Hyde either by Fax at 480-693-8603 or by mail:
US Airways – Attn: Tammy Hyde (CH-BEN)
4000 E Sky Harbor Blvd
Phoenix, AZ 85034PE-145