

Adult Dependency Termination Procedure:

Intended Use / Purpose: The following form is provided in accordance with section 6 of the Adult Dependency Affidavit. This form meets the requirements of the Dependent Care Reimbursement Policy of DeKalb County, Georgia.

Ending an adult dependency

1. Terminations. An adult dependency ends when:
 - a. One of the parties dies, or
 - b. The employee no longer meets one or more of the eligibility conditions for the Dependent Care Reimbursement Policy
2. Notice of Termination
When an adult dependency ends, the employee must execute a notice of termination naming the dependent and stating that the adult dependency has ended. The notice of termination must be dated and signed under penalty of perjury by the employee. The notice of termination must be filed with the Department of Finance, Risk Management & Employee Services Division, Employee Benefits Unit.

Adult Dependency Termination Notice Form

NOTICE OF TERMINATION OF EXISTING ADULT DEPENDENCY originally filed with DeKalb County, Department of Finance, Risk Management & Employees Services Division, Employee Benefits unit.

This notice of termination of adult dependency is made on this day of _____ day of _____ in the year _____. Thereby terminating the adult dependency between _____ and _____.

Accordingly, I _____ the county employee, understand that I cannot create another adult dependency until 6 months after this notice of termination has been signed and filed with the Department of Finance.

I agree under penalty of perjury under the laws of Georgia that all information in this termination of adult dependency form completed by the employee is consistent with the Dependent Care Reimbursement Policy.

Signature _____

Print Name _____

DeKalb County Employee Number _____