

Statement of Termination of Domestic Partner Relationship Status



Employee Information (to be completed by Employee): PLEASE PRINT

Employee Last Name	First Name	MI	Social Security Number	Employee Number
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I, _____, previously filed a Marathon Petroleum Company LP Domestic Partner Certification and hereby cancel the Certification previously filed. I attest that _____ is no longer my domestic partner as of _____.
(Employee Name-please print) (Print Name of Former Domestic Partner) (Date)

The Termination of the Domestic Partner Certification is due to:

- Termination of Domestic Partner Relationship on: _____ or _____
(Date)
- Death of Domestic Partner on: _____
(Date)

I understand that by filing this Statement of Termination of Domestic Partner Relationship, my former non-employee** domestic partner is no longer eligible for the Health, Dental, Vision, and Employee Assistance Plans and Wellness Program coverage, if applicable. This ineligibility also extends to the legal dependents of my former non-employee domestic partner.

(**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 Status, a subsequent Domestic Partner Certification 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.

Information provided in the Marathon Petroleum Company LP 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.

Employee Signature	Date Signed
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This form and the Domestic Partner Certification should be submitted to the Benefitsolver Employee Benefits Center – Verification Department. Benefitsolver Employee Benefits Center | Phone: 1-844-408-2575
Web: www.myMPCbenefits.com/mybenefits | FAX: 1-515-343-2246 | Email: dv@businessolver.com

For additional information, review the Domestic Partner FAQs or visit www.myMPCbenefits.com.