



FUTURE OVERPAYMENT COLLECTION CONSENT FORM

QUALIFIED SURVIVING SPOUSE/DOMESTIC PARTNER

This is to certify that I hereby give Los Angeles Fire and Police Pensions (LAFPP) permission to collect any potential future overpayment from my survivorship pension payment, resulting from my spouse/domestic partner's death, who was a Retired Member of LAFPP. The potential overpayment is the result of LAFPP releasing the full month's payment at the end of the month following the Retired Member's death.

I understand that to be eligible for a survivorship pension from LAFPP, I must meet the requirements of a Qualified Surviving Spouse/Qualified Surviving Domestic Partner, as defined in the Los Angeles City Charter and Administrative Code (i.e., I am the Retired Member's current spouse or domestic partner and we have been married or in a registered domestic partnership for at least one year prior to the Retired Member's service pension/DROP entry/nonservice-connected disability pension effective date **OR** as of the effective date of the Retired Member's service-connected disability pension).

If not already on file with LAFPP, I have attached a certified copy of our Marriage Certificate or Declaration of Domestic Partnership filed with LAFPP or the State of California.

I understand that any changes in our relationship status, such as Divorce or Termination of Domestic Partnership, must be reported immediately to LAFPP in writing, and that such changes will terminate this consent form.

By signing below, I hereby acknowledge the following:

- I have read and understand the language above.
- I voluntarily consent to LAFPP recovering any overpayment owed by my spouse/domestic partner through a deduction from my future survivorship pension payment(s).

Print Name: _____

Signature: _____

SSN (Last Four Digits): XXX-XX-_____

Retired Member's Name: _____

Retired Member's SSN (Last Four Digits): XXX-XX-_____

Date: _____ (MM/DD/YYYY)

For LAFPP Use Only	
Received by: _____	Date: _____
Processed by: _____	Date: _____

For questions regarding this form, please contact the Retirement Services Section at:
PHONE: (844) 88-LAFPP (52377) or (213) 279-3125 or by EMAIL: rs@lafpp.com