

# **NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP**

# I declare under penalty of perjury that the Domestic Partnership between

		and		
MEMBER'S FULL NAME		and  DOMESTIC PARTNER'S FULL NAME		
was terminated on		, by the following method:		
	Date (Month)	Day/rear)		
(Please che	eck whichever applies and	initial)		
1.  INITIAL	I received or sent by certified mail, a written notice that the partnership terminated.			
	DOMESTIC PARTNER'S ADDRESS	CITY	STATE	ZIP CODE
2. □	Partner is deceased.			
3. □	One of us has married or en	ntered into a domestic partners	nip with someon	e else.
the date tha	t this notice is filed with the I	omestic Partnership cannot be Board of Fire & Police Pension C mestic partners died or married XXX - XX -	Commissioners u I someone other	nless this domestic
SIGNATURE		XXX - XX - SOCIAL SECURITY NUMBE	R (LAST4 DIGITS) D	ATE
HOME ADDRESS		CITY	STATE ZIP COL	DE .
( )	_		MEMBER/C CITY DEPART	MENT (CHECK ONE)
PHONE NUMBER	E-MAIL		MEMBER'S CITY DEPART	□ POLICE
			□ HARBOR	□ AIRPORT
Former Partr	ner's City Department, if Los A	angeles City Employee		
	FOR LOS ANGELE	S FIRE & POLICE PENSIONS	USE ONLY	
	□ ACTIVE □ RETIRED			
MEMBER'S MK	(EY:	PARTNER'S MKEY (IF LAFPP):		
TERM DATE:				
PROCESSED E	3Y:	DATE:		
APPROVED BY	/:	DATE:		

# BOARD OF FIRE AND POLICE PENSION COMMISSIONERS

# DOMESTIC PARTNERSHIP INFORMATION

#### WHAT IS A DOMESTIC PARTNER?

Domestic Partners are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring.

#### **HOW DO I REGISTER A DOMESTIC PARTNERSHIP RELATIONSHIP?**

Both the member and domestic partner must complete the Declaration of Domestic Partnership form. Submit your form to the Active Member Services Section. This Declaration is applicable to pension benefits only (survivor pension and health subsidy after member dies). To determine eligibility of having your Domestic Partner carried as a dependent on your current health insurance plan, please contact the Personnel Department or your health insurance administrator (i.e., union, Relief Association).

# WHAT IF I ALREADY FILED MY DOMESTIC PARTNERSHIP WITH ANOTHER AGENCY?

Submit acceptable documentary proof such as a copy of your State of California Declaration of Domestic Partnership/Certificate of Registration, a copy of an affidavit or declaration of domestic partnership filed with another City of Los Angeles Department, a formal letter of acknowledgement from another City Department, or similar documentary proof of a domestic partnership filed in another jurisdiction, subject to legal review by the Office of the City Attorney. The date you filed with another agency will be the effective date of your domestic partnership with LAFPP, subject to legal review by the Office of the City Attorney. Submit your documentary proof to the Active Member Services Section.

### WHAT IF MY DOMESTIC PARTNER IS ALSO A PLAN MEMBER?

Only one member needs to submit the Declaration of Domestic Partnership or documentary proof of the domestic partnership filing with another agency/City department. It will be cross-filed and will apply to both of your pension benefits.

#### **BENEFITS AND OUALIFICATION**

There are specific eligibility requirements for pension and health subsidy benefits, which are stated in the Los Angeles City Charter and the Los Angeles Administrative Code. The requirements for qualified domestic partner pension benefits are essentially the same as for a qualified surviving spouse.

### **TERMINATION OF DOMESTIC PARTNERSHIP**

A domestic partnership terminates when any of the following occurs:

- One partner gives, or sends by certified mail, to the other partner a written notice that he or she is terminating the partnership.
- One of the domestic partners dies.
- One of the domestic partners marries someone other than the domestic partner.

Whenever one of these above events ends the partnership, one of the domestic partners must file a **Notice of Termination of Domestic Partnership** with Los Angeles Fire and Police Pensions.

A new Declaration of Domestic Partnership cannot be filed until at least six months after the filing of a Notice of Termination of Domestic Partnership. This six-month waiting period does not apply where the domestic partnership was terminated because of death or marriage to someone other than the domestic partner.

If you have any questions, please contact Active Member Services at:

Los Angeles Fire and PolicePensions Attn: Active Member Services Section 701 E. 3<sup>rd</sup> St. Los Angeles, CA 90013

Telephone: (844) 88-LAFPP (213) 279-3140

Fax: (213) 628-7716 Email: amssection@lafpp.com