

**BOARD OF FIRE AND POLICE PENSION COMMISSIONERS  
DEPARTMENT OF FIRE AND POLICE PENSION  
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**DOMESTIC PARTNERSHIP INFORMATION**

WHAT IS A DOMESTIC PARTNER?

Domestic partners are two adults in a committed relationship who share a common residence and meet the eligibility requirements where their domestic partnership is filed.

CAN MY DOMESTIC PARTNER GET SURVIVOR BENEFITS FROM THE PLAN?

Domestic partners may qualify for the same survivorship benefits available under the Plan to a surviving spouse **if** the partners have filed a Declaration of Domestic Partnership with either the Fire and Police Pension Plan (the Plan) or the State of California (the State). Same sex couples whose legal union was formed outside of California should check with the Plan to find out if they qualify to be treated the same as a State filed partnership based on Family Code Section 299.2. Registering your domestic partnership with your employing department or the City's Personnel Department **does not qualify** a domestic partner for survivorship benefits from the Plan.

SHOULD I FILE WITH THE STATE OR THE PLAN?

The Plan and the State have separate programs for establishing domestic partnerships with different requirements, rights and responsibilities. Filing with either the Plan or the State makes your domestic partner eligible to qualify for benefits provided to a qualified surviving spouse by the Plan. The eligibility requirements for a qualified domestic partner are essentially the same as for a qualified surviving spouse.

FILING WITH THE STATE (effective January 1, 2005)

The State domestic partner filing provisions are set forth in the California Family Code. State filing is available to same sex couples. Opposite sex couples are **not eligible** to file unless one or both of the persons meet specified eligibility criteria and are over the age of 62. State filing gives registered couples rights, protections, benefits and responsibilities similar in most aspects to those of married couples. The partner will be treated the same as a spouse for purposes of qualifying for survivorship benefits or receiving contributions from the Plan, if a member dies, and Plan benefits become subject to community property law. Court proceedings are normally required to terminate domestic partnerships, just like with marriages. **Further information and the state filing form can be obtained from any county clerk or at the office of the Secretary of State.**

FILING WITH THE PLAN

Same sex couples and opposite sex couples meeting the Plan's domestic partnership requirements are eligible to file a Declaration of Domestic Partnership form with the Board of Fire and Police Pension Commissioners. Registration with the Plan only relates to benefits payable by the Plan (survivor pension and health subsidy after a member dies) and does not create community property rights in your pension benefits or inheritance rights to your contributions. Termination of these partnerships is governed by the Plan provisions and does not require court action. **Further information and the filing form can be obtained from the Department of Fire and Police Pensions.**

## DID YOU REMEMBER TO

- 1.) Complete all the information on the forms?
- 2.) Enclose copies of both your driver's licenses showing common residence?
  - If your driver's licenses are not the same as the address in the application form:
    - a.) still send a copy of the licenses
    - b.) and also a copy of any utility bills, mortgage statement, bank statement or any records showing you and your domestic partner are residing in the same address as the application.
- 3.) Sign the form?

## DECLARATION OF DOMESTIC PARTNERSHIP

We, \_\_\_\_\_ and \_\_\_\_\_,  
PRINT MEMBER'S NAME PRINT DOMESTIC PARTNER'S NAME

declare that we are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring and we meet all of the following requirements:

- (1) We share a common residence located at \_\_\_\_\_  
**(Please provide copies of a driver's license for each partner showing the same address or other verification.)**
- (2) We both agree to be jointly responsible for each other's basic living expenses incurred during the domestic partnership.
- (3) Neither of us are married or a member of another domestic partnership.
- (4) We are not related by blood in a way that would prevent us from marrying each other in the state of California.
- (5) We are each at least 18 years of age.
- (6) We are capable of consenting to the domestic partnership.

**We** agree to file a Notice of Termination of Domestic Partnership with the Board of Fire and Police Pension Commissioners when any one of the following occurs:

- (1) One partner gives, or sends by certified mail, to the other partner a written notice that he or she is terminating the partnership.
- (2) One of the domestic partners dies.
- (3) One of the domestic partners marries.
- (4) We no longer share a common residence.

**We** understand that failure to file a Notice of Termination of Domestic Partnership shall not prevent the termination of our domestic partnership, and that a new Declaration of Domestic Partnership cannot be filed with the Board of Fire and Police Pension Commissioners until at least six months after the date that a Notice of Termination of Domestic Partnership was filed with the Board. The six months waiting period does not apply, however, if the previous domestic partnership ended because one of the partners died or married.

**We** each declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Member's Social Security Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Active Member or Retired & Date of Retirement

\_\_\_\_\_  
Telephone Number (Work) / (Residence)

\_\_\_\_\_  
Domestic Partner's Signature Date

\_\_\_\_\_  
Partner's Social Security Number

\_\_\_\_\_  
Partner's Date of Birth

\_\_\_\_\_  
Telephone Number (Work) / (Residence)

\_\_\_\_\_  
Department, if LA City Employee

FOR PENSION'S USE ONLY:	ACTIVE/RETIRED: _____	DEPT/FUND: _____
DRVR LIC: MEMBER _____	PTNR _____	DP EFF: _____
ADD: _____	_____	DP. NO: _____
ACKMNT: _____	_____	DP TERM DATE: _____
Processed by: _____	Date: _____	_____
Approved by: _____	Date: _____	_____