

**BOARD OF FIRE AND POLICE PENSION COMMISSIONERS  
DEPARTMENT OF FIRE AND POLICE PENSION  
360 EAST 2<sup>ND</sup> ST., SUITE 400, LA, CA 90012-4203  
TELEPHONE: (213) 978-4522  
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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.**

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## NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

(Applicable only to Domestic Partnerships registered with the Fire and Police Pension Plan)

I declare that the Domestic Partnership between

\_\_\_\_\_ and \_\_\_\_\_  
Print Member's Name Print Domestic Partner's Name

was terminated on \_\_\_\_\_, by the following method:

Date

(Please circle applicable method and initial)

1. \_\_\_\_\_ I received a written notice from my partner terminating the partnership.
2. \_\_\_\_\_ I personally gave my partner a written notice terminating the partnership.
3. \_\_\_\_\_ I sent to my partner, by certified mail, a written notice terminating the partnership.
4. \_\_\_\_\_ My Partner died on that date.
5. \_\_\_\_\_ My domestic partner married on that date
6. \_\_\_\_\_ I married on that date.
7. \_\_\_\_\_ We ceased to share a common residence on that date.

I understand that a new Declaration of Domestic Partnership cannot be filed until at least six months from the date that this notice is filed with the Board unless this domestic partnership ended because one of the domestic partners died or married.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver License Number, State, & Exp. Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number (Work)

\_\_\_\_\_  
Residence Telephone Number

FOR PENSION'S USE ONLY:	FIRE/POLICE _____	ACTIVE/RETIRED _____
MEMBER:	_____	SS# & DIV: _____
ADDRESS:	_____	CITY & ST: _____
DP #:	_____ PTNR: _____	TERM DATE: _____
RECORDED:	_____ ACKMNT: _____	FILE: _____
PROCESSED BY:	_____	DATE: _____
APPROVED BY:	_____	DATE: _____