



DECLARATION OF DOMESTIC PARTNERSHIP

We, _____ and _____,
MEMBER'S FULL NAME DOMESTIC PARTNER'S FULL 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 are at least 18 years of age, or have met the requirements of Family Code Section 297.1.
- (2) We are not related by blood in a way that would prevent us from marrying each other in the State of California.
- (3) Neither of us are married or a member of another domestic partnership.
- (4) 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 someone other than the domestic partner.

We understand that failure to file a Notice of Termination of Domestic Partnership shall not prevent the termination of our domestic partnership. We understand that a **new** Declaration of another 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-month waiting period does not apply, however, if the previous domestic partnership ended because one of the partners died or married someone other than the domestic partner.

We each declare, under penalty of perjury, that the assertions and information provided in this Declaration are true and correct.

MEMBER'S NAME _____

DOMESTIC PARTNER'S NAME _____

MEMBER'S SIGNATURE _____ DATE ____/____/____

DOMESTIC PARTNER'S SIGNATURE _____ DATE ____/____/____

XXX - XX - _____ (____) _____ - _____
MEMBER'S SOCIAL SECURITY NUMBER MEMBER'S PHONE NUMBER

_____ - _____ - _____ ____/____/____
DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER DATE OF BIRTH

MEMBER'S E-MAIL ADDRESS _____

(____) _____ - _____
DOMESTIC PARTNER'S PHONE NUMBER

MEMBER'S CITY DEPARTMENT (CHECK ONE):
 FIRE POLICE HARBOR AIRPORTS

DOMESTIC PARTNER'S EMAIL ADDRESS _____

(CHECK ONE) ACTIVE RETIRED ____/____/____
RETIREMENT EFFECTIVE DATE

DOMESTIC PARTNER'S DEPARTMENT, IF LOS ANGELES CITY EMPLOYEE _____

FOR LOS ANGELES FIRE & POLICE PENSIONS USE ONLY

PROCESSED BY: _____ MEMBER'S MKEY: _____ DP EFF: _____
Initial and Date

APPROVED BY: _____ DOMESTIC PARTNER'S MKEY (IF LAFPP): _____
Initial and 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 QUALIFICATION

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 Police Pensions
Attn: Active Member Services Section
701 E. 3rd St.
Los Angeles, CA 90013
Telephone: (844) 88-LAFPP
(213) 279-3140
Fax: (213) 628-7716
Email: amssection@lafpp.com**

www.lafpp.com