



NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP
 (Please submit the original form and retain a copy for yourself.)

I declare under penalty of perjury that the Domestic Partnership between

_____ and _____
MEMBER'S FULL NAME DOMESTIC PARTNER'S FULL NAME
 was terminated on _____, by the following method:
Date

(Please check whichever applies and initial)

1. _____ I received or sent by certified mail, a written notice that the partnership terminated.
INITIAL

DOMESTIC PARTNER'S ADDRESS CITY STATE ZIP CODE

2. _____ Partner is deceased.
INITIAL

3. _____ One of us has married or entered into a domestic partnership with someone else.
INITIAL

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 of Fire & Police Pension Commissioners unless this domestic partnership ended because one of the domestic partners died or married someone other than the domestic partner.

SIGNATURE SOCIAL SECURITY NUMBER (LAST 4 DIGITS) DATE

HOME ADDRESS CITY STATE ZIP CODE

(_____) _____ - _____ MEMBER'S CITY DEPARTMENT (CHECK ONE)
BEST CONTACT NUMBER E-MAIL
 FIRE POLICE
 HARBOR AIRPORT

Former Partner's City Department, if Los Angeles City Employee _____

FOR LOS ANGELES FIRE & POLICE PENSIONS USE ONLY			
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RETIRED	DEPT:	<input type="checkbox"/> FIRE <input type="checkbox"/> POLICE <input type="checkbox"/> HARBOR <input type="checkbox"/> AIRPORTS
MKEY:	_____		
MEMBER'S DL#	_____	TERM DATE:	_____
PARTNER'S DL#:	_____	RECEIVED DATE:	_____
PROCESSED BY:	_____	DATE:	_____
APPROVED BY:	_____	DATE:	_____

BOARD OF FIRE AND POLICE PENSION COMMISSIONERS
DOMESTIC PARTNERSHIP INFORMATION

WHAT IS A DOMESTIC PARTNER?

Effective January 17, 2000, Domestic Partners are defined as two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring. They must have a common residence, jointly be responsible for each other's basic living expenses, not married, not related by blood, be at least 18 years of age, and each consent to the domestic partnership. (L.A. Administrative Code §4.2204)

As of January 2012, the provisions for common residency and mutual support are no longer required by the State of California to establish a domestic partnership under Family Code Section 297. In addition, minors are allowed to enter into domestic partnerships if authorized by a court order and evidenced by written consent of the minor's parents under Family Code Section 297.1.

HOW DO I REGISTER A DOMESTIC PARTNERSHIP RELATIONSHIP?

Both the member and domestic partner must complete the Declaration of Domestic Partnership form. 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 service union.

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 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 another 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
701 E. 3rd St., Suite 200
Los Angeles, CA 90013**

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

Email: amssection@lafpp.com