



## OVERPAYMENT COLLECTION CONSENT FORM QUALIFIED SURVIVING SPOUSE/DOMESTIC PARTNER

This is to certify that I hereby give Los Angeles Fire and Police Pensions (LAFPP) permission to collect any overpayment from my survivorship pension payment, resulting from my spouse/domestic partner's death, who was a Retired Member of LAFPP. The overpayment is the result of LAFPP releasing the full month's payment at the end of the month following the Retired Member's death.

I understand that to be eligible for a survivorship pension from LAFPP, I must meet the requirements of a Qualified Surviving Spouse/Qualified Surviving Domestic Partner, as defined in the Los Angeles City Charter and Administrative Code (i.e., I am the Retired Member's surviving spouse or domestic partner and we were married or in a registered domestic partnership for at least one year prior to the Retired Member's service pension/DROP entry/nonservice-connected disability pension effective date **OR** as of the effective date of the Retired Member's service-connected disability pension).

If not already on file with LAFPP, I have attached a certified copy of our Marriage Certificate or Declaration of Domestic Partnership filed with LAFPP or the State of California.

By signing below, I hereby acknowledge the following:

- I have read and understand the language above.
- I voluntarily consent to LAFPP recovering any overpayment made to my deceased spouse/domestic partner through a deduction from my survivorship pension payment(s).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN (Last Four Digits): XXX-XX-\_\_\_\_\_

Retired Member's Name: \_\_\_\_\_

Retired Member's SSN (Last Four Digits): XXX-XX-\_\_\_\_\_

Date: \_\_\_\_\_ (MM/DD/YYYY)

For LAFPP Use Only	
Received by:	Date:
Processed by:	Date:

For questions regarding this form, please contact the Retirement Services Section at:  
 PHONE: (844) 88-LAFPP (52377) Ext. 93125 or (213) 279-3125 or by EMAIL: [rs@lafpp.com](mailto:rs@lafpp.com)