KEEPING LAwell
City of Los Angeles Employee Benefits

CHOOSEwell
Health, Dental, Vision, Life, Disability, EAP, Tax-Savings Accounts

Declaration of Domestic Partnership

City of Los Angeles
Personnel Department
Employee Benefits Division
213-978-1655

CONFIDENTIAL DELCARATION

******DATE YOUR DOMESTIC PARNTER RELATIONSHIP BEGAN: _____ *******

By signing this Affidavit of Domestic Partnership:

I, (employee) _____
First *Middle* *Last*

and (domestic partner) _____
First *Middle* *Last*

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 are economically responsible to each other for the common necessities of life, defined as food, shelter, and medical care, and this shall remain the case during the period that we are receiving any domestic partnership benefits from the City.

We additionally attest the following about our relationship *(provide initials)*:

Employee	Domestic Partner	
		Neither person was married to someone else or was a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
		We are not related by blood in a way that would prevent us from being married to each other in the state of California
		Each person is at least eighteen (18) years of age, or older
		Each person is capable of consenting to the domestic partnership.

We further acknowledge the following in regards to this domestic partner filing *(provide initials):*

Employee	Domestic Partner	
		We understand the income tax implications for any benefits conveyed as a result of this domestic partnership, and further agree that the employee is responsible for the payment of applicable income taxes as a result of the City providing health and/or dental benefits to a domestic partner and/or their child(ren).
		We understand and agree that this Affidavit solely applies to eligibility for and application of domestic partnership benefits provided by the City. We understand that this information will be held confidential and will be subject to disclosure only upon our written authorization or pursuant to a legally appropriate process.
		We agree to notify the City within thirty (30) days of any change of circumstances attested to in this Affidavit by filing with the Personnel Department's Employee Benefits Office, a Declaration of Termination of Domestic partnership. Such Declaration of Termination shall be on a form provided by the City and shall affirm under penalty of perjury that the partnership is terminated.
		We understand and agree that upon the termination of this domestic partnership, the City is no longer obligated to provide any domestic partnership benefits to the employee's former domestic partner.

I, employee, further acknowledge the following *(provide initials):*

Employee	
	I understand that enrolling into LAwell benefits requires separate action and must be done within 30 calendar days of the effective date of this DP affidavit.
	I understand that I may need to provide proof of my domestic partnership to take employment leave related to my relationship as permitted by my Memorandum of Understanding or under the Los Angeles Administrative Code, and that the executed copy of this affidavit can serve as proof of my valid relationship for these purposes
	I understand that in order to provide a retirement survivor benefit to my domestic partner, I must file a separate domestic partnership affidavit with Los Angeles Fire & Police Pensions (LAFPP) or the Los Angeles City Employees' Retirement System (LACERS), and if I do not do so my domestic partner will not be entitled to a retirement survivor benefit.
	I understand that, should I terminate this domestic partnership, I cannot file another Affidavit of Domestic Partnership until six (6) months after a Declaration of Termination has been filed with the Personnel Department's Employee Benefits Office.

SIGNATURES

We each declare, under penalty of perjury, that the assertions in this Affidavit are true and correct to the best of our knowledge.

Signature of Employee **Date**

Signature of Domestic Partner **Date**

Printed name *(Employee)* **Employee Date of Birth**

Printed name *(Domestic Partner)* **Domestic Partner Date of Birth**

Employee ID or Social Security Number
(Employee ID# is located at the top portion of your payroll check, under your name)

Domestic Partner Social Security Number *(optional)*

Submit this completed form and documentation to the Personnel Department, Employee Benefits Division at 200 N. Spring Street, Room 867, Los Angeles, CA 90012. Processed applications will be returned to the contact information provided below:

Daytime Phone Number

Email Address

Mailing Address

EMPLOYEE BENEFITS DIVISION USE ONLY

DP Affidavit Received Date	
DP Affidavit Processed Date	
DP Affidavit Approved or Denied	
Denial Reason	
DP Approval Effective Date	
EBD Staff approving/processing	
Processed Application returned to Employee on	