
AFFIDAVIT OF RETIRED DOMESTIC PARTNERSHIP
FOR MEDICAL AND/OR DENTAL BENEFITS ONLY
Tier 1 Members Only

I, (Retired Member) _____
(Print Name)

And (Domestic Partner) _____ declare:
(Print Name)

- We are each at least eighteen (18) years of age, or have met the requirements of Family Code Section 297.1; and
 - We have chosen to share one another's lives in an intimate and committed relationship of mutual caring; and
 - We are not related by blood to any degree that would bar marriage in the State of California; and
 - Neither of us is married to or legally separated from another person; and
 - Neither of us is currently in a domestic partnership with another person; and
 - We both have the capacity to freely and voluntarily enter into a domestic partnership.
- A. We understand that our domestic partnership will terminate if any of the following occurs and that it is our responsibility to promptly file a Notice of Termination of Domestic Partnership with LACERS in the event:
- One of us gives, or sends by certified mail, to the other, a written notice terminating the partnership.
 - One of us dies.
 - One of us marries or enters into another domestic partnership with someone else.
- B. We understand that the Retired Member is responsible for the payment of applicable income taxes as a result of LACERS providing medical and/or dental benefits to a domestic partner and/or their dependent children.
- C. We understand that in addition to the eligibility requirements of LACERS for domestic partnership coverage, there are terms and conditions of coverage set forth in the service agreements of each medical and dental care plan offered by LACERS. By executing this Affidavit, each of us agrees to be bound by the terms and conditions of coverage of the medical and/or dental care plan selected, as set forth in the applicable service agreement.
- D. We understand and agree that LACERS is not legally required to extend any benefits, other than those benefits specifically granted to a Retired Member and his/her domestic partner by City ordinance. We also understand and agree that upon the termination of this domestic partnership, LACERS is no longer obligated to provide any domestic partnership benefits to the Retired Member's former domestic partner.

(Signature Page Follows)

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We are not registered as Domestic Partners with the State of California or any other state.

Please initial: _____

We each declare that these representations are true, correct, and contain no material omissions of fact to the best of our knowledge.

We understand and comply with Page 3 of this document.

Executed this _____ day of _____, 20_____

at _____, California.

Retired Member's Signature and Information:

Domestic Partner's Signature and Information:

Signature of Retired Member

Signature of Domestic Partner

Print Name

Print Name

Social Security Number of Retired Member

Social Security Number of Domestic Partner

Date of Birth of Retired Member

Date of Birth of Domestic Partner

Contact Telephone Number

Contact Telephone Number

I am also a Member of LACERS.

**INFORMATION ABOUT THE AFFIDAVIT OF RETIRED DOMESTIC PARTNERSHIP
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1. Both the Retired Member and the Domestic Partner are required to complete the Affidavit of Retired Domestic Partnership if their domestic partnership is not registered with the State of California or some other comparable jurisdiction.
2. Effective January 1, 2012, common residency is no longer required to establish a domestic partnership under Family Code Section 297.
3. If your domestic partnership is registered with the State of California or some other comparable jurisdiction, termination of your domestic partnership must be in accordance with the laws and procedures governing state-registered domestic partnerships as community property laws may apply.
4. If your domestic partnership is registered with the State of California, you must provide LACERS with a conformed copy of the filed domestic partnership document.
5. The Affidavit of Retired Domestic Partnership (for medical and/or dental benefits only) shall become effective on the day LACERS receives the completed document.

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.