
STATEMENT OF TERMINATION OF RETIRED DOMESTIC PARTNERSHIP FOR MEDICAL AND/OR DENTAL BENEFITS ONLY

I, (retiree) _____
affirm that neither I nor my domestic partner listed here are CA state-registered domestic partners.

I, (retiree) _____
affirm the termination of my domestic partnership with

(domestic partner) _____
effective:

(date) _____

I, (retiree) _____
affirm that I have provided a copy of this Statement of Termination of Retired Domestic Partnership to
my former domestic partner.

You may file another Affidavit of Retired Domestic Partnership after you have filed a Statement of
Termination of Retired Domestic Partnership with LACERS.

I declare, under penalty of perjury, that the foregoing is true and correct.

Signature of Retiree

Social Security Number of Retiree

Date

Date of Birth

Date Time Telephone Number

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.