

CITY OF LOS ANGELES  
WATER AND POWER EMPLOYEES' RETIREMENT PLAN

REGISTRATION OF DOMESTIC PARTNERSHIP

WE, THE UNDERSIGNED, CERTIFY THAT:

- We have chosen to share one another's lives in an intimate and committed relationship of mutual caring; and
- Neither of us is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity; and
- We are both at least 18 years of age, or have met the requirements of Family Code Section 297.1; and
- We are not related by blood to any degree that would bar marriage in the State of California; and
- We are both capable of consenting to the domestic partnership; and
- Our domestic partnership began on \_\_\_\_\_  
DATE

We declare under penalty of perjury, under the laws of the State of California, that the certifications above and the information provided below are correct.

RETIREMENT PLAN MEMBER'S SIGNATURE \_\_\_\_\_

DOMESTIC PARTNER'S SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

PRINT NAME \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

PARTNER TAXPAYER I.D. NUMBER  
(Note that this will only be used to locate the Partner if benefits become payable)

RESIDENCE ADDRESS - STREET \_\_\_\_\_

PARTNER DATE OF BIRTH \_\_\_\_\_

RESIDENCE ADDRESS - CITY, STATE, ZIP \_\_\_\_\_

PARTNER PLACE OF BIRTH \_\_\_\_\_

**IF THIS DOMESTIC PARTNERSHIP IS TERMINATED, NOTICE MUST BE FILED IMMEDIATELY WITH THE RETIREMENT PLAN AT 111 N. HOPE STREET, ROOM 357, LOS ANGELES, CALIFORNIA 90012**

By completing this form, you are registering your domestic partner to potentially receive Retirement Plan benefits **ONLY**. If you would like for your domestic partner to receive health benefits, you must complete a separate registration form with the Health Plans Office in Room 564, (213) 367-2023.

RETIREMENT OFFICE COMPLETE BELOW

DATE REGISTERED WITH RETIREMENT PLAN: \_\_\_\_\_

BY: \_\_\_\_\_

# WATER AND POWER EMPLOYEES' RETIREMENT PLAN DOMESTIC PARTNER BENEFITS

## **DOMESTIC PARTNER BENEFITS MAY INCLUDE THE FOLLOWING:**

- Department-funded retirement continuance benefits of up to 50 percent
- Availability of the Plan's Option "D" (100 percent continuance)
- Availability of the Plan's Option "E" (variable from 51 to 99 percent)
- Survivorship option for Domestic Partner who is designated beneficiary for contributions of qualified deceased active employee

## **TO MEET THE DEFINITION OF DOMESTIC PARTNER, A PLAN MEMBER AND HIS OR HER PARTNER WOULD HAVE TO:**

- Be registered with the Retirement Office for at least one year prior to retirement, on the date of the member's retirement and on the date of the member's death.
- Certify that:
  - They have chosen to share one another's lives in an intimate and committed relationship of mutual caring; and
  - Neither is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity; and
  - They are both at least 18 years of age, or have met the requirements of Family Code Section 297.1; and
  - They are not related by blood to any degree that would bar marriage in the State of California; and
  - They are both capable of consenting to the domestic partnership; and
  - All information and certifications are true and accurate.
- Provide information, including:
  - The non-member partner's name
  - The non-member partner's date and location of birth
  - The non-member partner's taxpayer identification number
  - The inception date of the Domestic Partnership

## **IF THE DOMESTIC PARTNERSHIP ENDS:**

- File a Notice of Termination of Domestic Partnership with the Retirement Office
- Wait six (6) months after a Notice of Termination of Domestic Partnership has been filed with the Retirement Office before a new Domestic Partnership may be registered