

CITY OF LOS ANGELES  
 WATER AND POWER EMPLOYEES' RETIREMENT PLAN (PLAN)  
 REGISTRATION OF DOMESTIC PARTNERSHIP

INITIAL BELOW:

Member	Domestic Partner (DP)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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 California 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

We understand for eligibility to the Plan's domestic partnership benefits, our domestic partnership period began as of the date stamp on this form; and

We understand if this domestic partnership is terminated, we must file a Termination of Domestic Partnership with the Retirement Plan Office.

**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.**

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

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

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

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

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

\_\_\_\_\_  
 DWP EMPLOYEE NO. OR SOCIAL SECURITY NO.

\_\_\_\_\_  
 BIRTHDATE

SAME ADDRESS AS MEMBER

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

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

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

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

**We understand if we are both members of the Plan, a copy of this registration form will be placed in each of our member files as to formally register each other for the Plan's domestic partner benefits.**

<b>Member</b>	<b>DP</b>	
_____	_____	<i>By initialing, we do <b>not</b> wish for a copy of the registration form to be placed in the file for the member listed as Domestic Partner on this form.</i>

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 RETIREMENT PLAN OFFICE COMPLETE BELOW  
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BY: \_\_\_\_\_

**WATER AND POWER EMPLOYEES' RETIREMENT PLAN  
DOMESTIC PARTNER REGISTRATION**

**TO MEET THE DEFINITION OF DOMESTIC PARTNER UNDER THE PROVISIONS OF THE PLAN, A MEMBER AND HIS/HER DOMESTIC PARTNER WOULD HAVE TO:**

- Be registered with the Retirement Plan for at least one (1) year prior to member's 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 California 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 required registration information provided is true and accurate.

**DOMESTIC PARTNERSHIP TERMINATED:**

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

**HEALTH PLAN BENEFITS:**

- 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 plan benefits, you must complete a separate registration form with the Health Plans Office:

111 N. Hope St., Room 564, Los Angeles, CA 90012 - Tel: (213) 367-2023