

Domestic Partnership Information Sheet

For City Employees

INTRODUCTION

The City of Los Angeles offers domestic partners of City employees, and their domestic partners' children, equal access to its employee benefits programs, including health and dental plans, the Employee Assistance Program (EAP), and bereavement leave/family illness benefits. To obtain these benefits, you must submit proof that you and your partner are in a domestic partnership as attested by both parties through either:

1. A signed City Affidavit of Domestic Partnership form and appropriate identification; OR
2. A registered State of California Declaration of Domestic Partnership Form, (or proof of a similar legal union validly formed in another state) that has been submitted to and accepted by the City of Los Angeles, Personnel Department Benefits Division. Please refer to the Section on "How to File for Domestic Partnership Benefits" for more detailed information.

You are not required to enroll in a health and/or dental plan in order to file your Affidavit of Domestic Partnership. Your Affidavit may be filed at any time. However, if you wish to enroll in a health or dental plan, you may only do so at specified times (see "When to Enroll Your Domestic Partner..."). Also, you should be aware that if you enroll your domestic partner or the domestic partner's child(ren) in a health plan, you will have to pay income taxes on the amount of health plan subsidy that will be paid by the City to provide coverage (per the Internal Revenue Service). Any questions regarding the tax consequences of adding a domestic partner or the child of a domestic partner to your health/dental plan should be directed to a tax professional.

HOW TO FILE FOR DOMESTIC PARTNER BENEFITS

To obtain domestic partner benefits, you must submit proof that you and your partner are in a domestic partnership as attested by both parties through either: The City Affidavit of Domestic Partnership OR a registered State of California Declaration of Domestic Partnership Form, (or proof of a similar legal union validly formed in another state).

1. City Domestic Partnership Affidavit

To obtain domestic partner benefits under the City Domestic Partnership Affidavit, you and your domestic partner must meet the following conditions and attest to this by completing and signing an Affidavit of Domestic Partnership:

- a. You and your partner must be in a committed and mutually exclusive relationship in which you are jointly responsible for each other's welfare and financial obligations.
- b. You and your partner must have resided together in the same principal residence for at least 12 months and intend to do so indefinitely.
- c. You and your partner must be 18 years of age or older, unmarried, and not blood relatives.

You must submit an Affidavit of Domestic Partnership, signed and dated by both you and your domestic partner and submit copies of your California driver's license or identification card for both you and your domestic partner. The addresses on your respective licenses or identification cards must match one another—your affidavit and application cannot be processed until all addresses are consistent with one another.

SPECIAL NOTE: If you have a domestic partner and are in the process of divorcing a spouse, be advised that your Affidavit can be processed no earlier than one year from the effective date of your divorce, regardless of how long you may have been living with the domestic partner.

2. State of California Declaration of Domestic Partnership Form

You also may obtain domestic partner benefits under a copy of the Declaration of Domestic Partnership form submitted to the State of California, Secretary of State (or under proof of a similar legal union validly formed in another state). The State of California Declaration of Domestic Partnership form is available on the Secretary of State's website at sos.ca.gov/dregistry.

The documentation must be submitted to the
Personnel Department, Benefits Division 200 N. Spring Street, Room 867, Los Angeles, California 90012.

TAX IMPLICATIONS

The California Domestic Partner Rights and Responsibilities Act of 2003 expanded the rights and responsibilities of domestic partners and modified the procedures for establishing and terminating a domestic partnership beginning January 1, 2005. The California Secretary of State has a different definition of a domestic partnership based upon California Family Code Section 297 and it contains seven requirements for eligibility which are clearly outlined in its "Declaration of Domestic Partnership." Information about registering with the State of California can be obtained by contacting its Los Angeles Office at 300 South Spring Street, Room 12531, Los Angeles, CA 90013 or calling that office at **213-897-3062**. In addition, the Secretary of State's website contains detailed information about its Domestic Partner Registry, the legislation, forms and frequently asked questions. Please visit sos.ca.gov/dpreistry/index.htm.

Please note that a major difference between the City and State definition is that the State requires domestic partners to be members of the same sex or one/or both of you is/are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act.

If you meet the State's definition and register with that agency, please send a copy of the resulting "Certificate of Registration of Domestic Partnership" to our office in order to remove the state income tax liability associated with covering your domestic partner and/or your domestic partner's eligible dependents under your benefits. Registration with the Secretary of State will not have any impact upon the federal income tax liability associated with covering these dependents.

WHEN TO ENROLL YOUR DOMESTIC PARTNER IN A HEALTH AND/OR DENTAL PLAN

You may enroll yourself and your domestic partner and his/her dependent children in a health and/or dental plan at one of the following times:

- Within 60 days of your employment date;
- During an annual Open Enrollment Period or within 30 days of a qualifying life event;
- Within 30 days of your meeting the domestic partner definition;
- Within 60 days of your transferring from the Department of Water and Power.

If you do not add your domestic partner and/or his/her dependent children to your health and/or dental plan within the above timeframes, you must wait until the next Open Enrollment Period to do so.

WHEN TO TERMINATE YOUR DOMESTIC PARTNER BENEFITS

If you and your domestic partner no longer meet all of the above definitions, you must notify the City within **thirty (30) days** by filing a Statement of Termination of Domestic Partnership with the Personnel Department's Employee Benefits Office. If you fail to remove an ineligible domestic partner from your health/dental plan, you may be responsible for repayment of the City's portion of the premiums retroactive to the date of ineligibility, as well as the cost of medical services provided to ineligible dependents, to the extent possible under law; and your domestic partner will not be offered an opportunity to continue their coverage in the health/dental plan at their own expense as provided for in the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

If you fraudulently obtain **LAWell** program benefits for yourself or your dependents, you will be required to pay any costs of any benefits that were paid on your behalf; you will have your coverage retroactively terminated; and at the sole discretion of the City of Los Angeles, you may also be subject to disciplinary action including but not limited to discharge.

You may not file another Affidavit of Domestic Partnership until at least twelve (12) months after you have filed your Statement of Termination of the previous domestic partnership.

WHERE TO OBTAIN FORMS/WHO TO CALL FOR INFORMATION

For a copy of the Affidavit of Domestic Partnership, Statement of Termination of Domestic Partnership, or to obtain additional information regarding domestic partner benefits, please call the Personnel Department's Domestic Partner Benefits Coordinator, Adriana at **213-978-1591**, Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m.

You may also obtain forms by visiting the Employee Benefits Division, 200 North Spring Street, City Hall - Room 867, Los Angeles, CA 90012 or via the internet at per.lacity.org/Bens/DocForms.htm.

Affidavit of Domestic Partnership

Please print all information—Signature required below

CONFIDENTIAL

1. I, (employee) _____
and (domestic partner) _____
reside together and intend to do so indefinitely at:
(address) _____
We share the necessities of life.
2. By signing this Affidavit of Domestic Partnership, we agree that we both are economically responsible to third parties for the common necessities of life, defined as food, shelter, and medical care, and this shall remain the case for expenses incurred during the period that we are receiving any domestic partnership benefits from the City.
3. We affirm that we began to reside together as domestic partners on: _____
4. We are not married to anyone.
5. We are at least eighteen (18) years of age, or older.
6. We are not related by blood closer than would bar marriage in the state of California and are mentally competent to consent to contract.
7. We are each other's sole domestic partner and intend to remain so indefinitely.
8. I, (employee) _____
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 Statement of Termination of Domestic partnership. Such Statement of Termination shall be on a form provided by the City and shall affirm under penalty of perjury that the partnership is terminated and that a copy of the Statement of Termination has been provided to my former domestic partner.
9. I, (employee) _____
understand that I cannot file another Affidavit of Domestic Partnership until twelve (12) months after the Statement of Termination of the previous partnership has been filed.
10. We understand that if the City suffers any loss because of a false statement contained in this Affidavit, the City may bring a civil action against either or both of us to recover its losses, including reasonable attorney's fees and court costs.
11. We understand 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).
12. We understand and agree that we are providing the information in this Affidavit solely to allow the City to determine our eligibility for domestic partnership benefits as defined by City ordinance. 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.
13. We understand that in addition to the eligibility requirements of the City for domestic partnership coverage, there are terms and conditions of coverage set forth in the service agreements of each health and dental care plan offered by the City. By executing this Affidavit, each of us agrees to be bound by the terms and conditions of coverage of the health and/or dental care plan selected, as set forth in the applicable service agreement.

14. We understand and agree that the City is not legally required to extend any benefits, other than those benefits specifically granted to an employee and his/her domestic partner by City ordinance. We also 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.

15. We understand that the information we are providing in this Affidavit may be used by either of us as evidence of the existence of our domestic partnership in subsequent legal or administrative proceedings. We understand that before signing this Affidavit, we should seek competent legal and/or tax advice concerning the financial obligations we may be undertaking by signing the Affidavit.

16. I, (employee) _____ 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.

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

Submit this completed form and documentation to the
Personnel Department, Benefits Division 200 N. Spring Street, Room 867, Los Angeles, CA 90012.

SIGNATURES

Signature of Employee

Date

Signature of Domestic Partner

Date

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

Employee Date of Birth

Domestic Partner Date of Birth

Daytime Phone Number

SPECIAL NOTE

Please submit a copy of your own and your domestic partner's California Driver's License or identification card. Be advised that the addresses on your respective licenses or identification cards must match one another. Your Affidavit and application cannot be processed until all addresses are consistent.