

Statement of Termination of Domestic Partnership

City of Los Angeles • Personnel Department • Employee Benefits Division • 213-978-1655

KEEPING **LA**well
City of Los Angeles Employee Benefits



CONFIDENTIAL

I, (employee): _____

affirm the termination of my
partnership with (Domestic Partner): _____

Effective date: _____

I have provided a copy of this Statement of Termination of Domestic Partnership to my former domestic partner.

I understand that I will not be able to file a new Affidavit of Domestic Partnership until twelve (12) months after I have filed this Statement of Termination of Domestic Partnership with the Personnel Department's Employee Benefits Division. I further understand and acknowledge that the City is not obligated to provide any Domestic Partnership employee benefits to me under any ordinance or memorandum of understanding until twelve (12) months after I have filed this Statement of Termination of Domestic Partnership and a new validly executed Affidavit of Domestic Partnership has been filed with the Employee Benefits Division.

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

Signature of Employee

Date

Employee ID or Social Security Number
(Employee ID# is located at the top portion
of your payroll check, under your name)

Employee Date of Birth

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