



County of Los Angeles Declaration of Domestic Partnership

I, _____ and my Domestic Partner:

(Please Print: Employee Name)

(Employee Number)

(Please Print: Domestic Partner Name)

- -
(Social Security Number)

(Date of Birth)

1. We are not married to each other or anyone else and we reside together as each other's exclusive domestic partner, sharing the common necessities of life.
2. We affirm that the effective date of this domestic partnership is _____.
(Date)
3. We each are at least eighteen years of age and we are not related by blood closer than would bar marriage in the State of California (California Family Code Section 2200).
4. We each understand that _____ will notify the County of Los Angeles within thirty
(Employee Name)
days if there is any change to any fact attested to in this declaration, by completing a "Termination of Domestic Partnership" life event with the County of Los Angeles Benefits Plan Administrator and by providing a copy of the termination form to the domestic partner.
5. We each understand that another Declaration of Domestic Partnership cannot be filed within twelve months after filing such termination.
6. We each understand that under applicable state and federal law the insurance premiums and/or value of medical and dental insurance coverage for _____ and/or his or her dependent children will be taxed
(Domestic Partner Name)
and will result in an increase in the income tax withheld from the paycheck of _____.
(Employee Name)
7. We live in the same principal residence and intend to do so indefinitely.*
8. We are each capable of consenting to the domestic partnership.
9. Neither of us has previously filed a Declaration of Domestic Partnership with the Secretary of State that has not been terminated.
10. We each understand the foregoing and declare, under penalty of perjury, that the information we have provided is true and correct.

*** See reverse for proof of SAME PRINCIPAL RESIDENCE that you must submit along with this form.**

The County of Los Angeles reserves the right to take appropriate action against any person who knowingly presents a false or fraudulent claim for payment under the Plan, or who otherwise attempts to defraud the Plan, including (but not limited to) termination from participation in the Plan, termination of employment, and criminal prosecution.

Executed at: (City) _____, (State) _____ (Zip) _____ Telephone No. _____

Employee Signature: _____ (Date) _____

Domestic Partner Signature: _____ (Date) _____

Proof of Same Principal Residence

You must provide verification of same principal residence for the domestic partner named on the reverse side of this form. The address must be identical to the employee's address on file with the County of Los Angeles. Documents that serve as proof of residence include a copy of driver's license, utility bill, or property tax invoice.

Add Domestic Partner Life Event Enrollment Process

You must complete the following steps.

1. Log on to www.mylacountybenefits.com
 - Click the "Enroll or Make Changes" button
 - Click "Life Events"
 - Select life event "Add Domestic Partner" from the drop down menu.
 - Enter your life event date and then click on the "Continue" button.
 - Follow the instructions online.
 - You must provide a Social Security number (SSN) for your Domestic Partner and any of his/her children you enroll.
2. Upload, email, fax, or mail:
 - This form
 - Your proof of domestic partnership documents (see above) and
 - Copies of birth certificates for any of your Domestic Partner's children you enroll (if applicable)

Submit your documents to the Benefits Plan Administrator by:

- **Document Upload:** Use the "Upload" link in the "Documentation Required" section of your Enrollment Homepage at www.mylacountybenefits.com
- **Email:** Attach scanned documents to email and send to documents@mylacountybenefits.com
- **Fax:** 310-788-8775
- **Mail:** County of Los Angeles Benefit Plan Administrator, P.O. Box 5102, Cherry Hill, NJ 08034

If you have any questions call the benefits hotline at (213) 388-9982, Monday through Friday 8AM to 4PM.

Important Notice for State Registered Domestic Partner: If you have a registered State of California *Declaration of Domestic Partnership form* (or proof of a similar legal union validly formed in another state), you do not need to submit this form. You need to complete the "Add a Domestic Partner" life event using the instructions provided above and submit your State of California *Declaration of Domestic Partnership form* to the Benefit Plan Administrator.

For more information about the State of California Declaration of Domestic Partnership form, visit <http://www.sos.ca.gov/registries/domestic-partners-registry/>