



County of Los Angeles Termination of Domestic Partnership

I, _____, _____ ended my domestic partnership
(Please Print: Employee Name) (Employee Number)

with _____ effective _____
(Please Print: Domestic Partner Name)

I understand that my former domestic partner and his or her child(ren), are no longer eligible dependents and will be removed from any and all insurance plans. I also understand that termination of this domestic partnership means that I am not eligible to enroll a domestic partner and/or domestic partner's child(ren) to my insurance plans (i.e. medical, dental, life insurance, etc.) within twelve months of the date of filing this form. *This exclusion also applies to the domestic partner named above.*

LIST DOMESTIC PARTNER AND/OR CHILD(REN) TO BE REMOVED FROM INSURANCE COVERAGE (PLEASE PRINT)			
Name (Last, First, Middle Initial)	Sex (M/F)	Birth Date	Social Security Number
			- -
			- -
			- -
			- -

I understand that I am required to provide a copy of this Termination of Domestic Partnership form to my former domestic partner.

Executed at: (City) _____, (State) _____ (Zip) _____

Employee Signature: _____ (Date) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

***See reverse side for instructions on how to complete the termination of domestic partnership life event and information on where to submit your completed form.**

Important Notice for State Registered Domestic Partner: To terminate a domestic partner who has been registered by the State of California (or similar legal union validly formed in another state), a copy of the *State of California Notice of Termination of Domestic Partnership Form* (or proof of similar valid documents from another state) is required. The 12-month exclusion is waived for employees who submit a copy of the *State of California Notice of Termination of Domestic Partnership Form*. For more information, visit www.sos.ca.gov/registries/domestic-partners-registry/.

Termination of Domestic Partnership 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 “Dissolve/Terminate Domestic Partner Relationship” 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 completed form

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 an email and send to documents@mylacountybenefits.com
- **Fax:** 310-788-8775
- **Mail:** County of Los Angeles Benefits 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.