



Benefits

# Statement of Termination of Domestic Partnership

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

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

\_\_\_\_\_  
Date of Birth

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