

**ACTIVE**

**CONFIDENTIAL**

**CITY OF LOS ANGELES  
DEPARTMENT OF WATER AND POWER**

**STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP**

I \_\_\_\_\_, affirm the termination of my domestic  
**Employee Name (print)**

partnership with \_\_\_\_\_, effective \_\_\_\_\_.  
**Domestic Partner's Name (print) 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 have elapsed since the filing of this Statement of Termination of Domestic Partnership with the Department of Water and Power's Health Plans Administration Office, Room 564. I further understand and acknowledge that the Department of Water and Power is not obligated to provide any domestic partnership employee benefits to me or my partner under any ordinance or memorandum of understanding until the twelve (12) months have elapsed, and a new validly executed Affidavit of Domestic Partnership has been filed.

I declare, under penalty of perjury, that the foregoing is true and correct under the laws of the state of California, to the best of my personal knowledge.

\_\_\_\_\_  
**Employee Signature**

**Wet Signature Required**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Employee Number**

**Note: By completing this form, you are terminating your domestic partner from receiving health and dental benefits, only. If you would like your domestic partner to be terminated from receiving Retirement Plan benefits, you must file a separate termination form with the Retirement Office in Room 357, (213) 367-1692.**