

# Benefits for Domestic Partners

UNIVERSITY  
OF  
CALIFORNIA



The University of California works hard to be a good employer, so it's no surprise we've been a leader in offering benefits to domestic partners. UC began offering health coverage to same-sex partners in 1998, and added pension survivor benefits in 2002. Many of your UC benefits may extend to your domestic partner and, in some cases, his or her child or grandchild. This booklet explains what's available to your family members and what you need to do to cover them.

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Your partner and/or your partner's child or grandchild may be able to enroll in the following insurance plans: medical, dental, vision, dependent life, accidental death and dismemberment, and legal.

**Leave policies**.....7

Under UC policy, you may take time off to bond with a new child or to care for a domestic partner (or a partner's child) who is ill.

**UC Retirement Plan survivor benefits**.....7

Your domestic partner may be entitled to monthly survivor benefits in case of your death. In some instances, your partner's child may also receive survivor benefits.

**Definition of domestic partnership**.....9

Your domestic partnership must meet certain criteria for UC benefits eligibility. This section includes information on supporting documentation you will need to enroll your partner, as well as steps you need to take should your partnership end.

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From registering your partnership with the state of California to notifying UC of changes to your status, these are the forms you'll need.

# Health and Welfare Benefits

UC values your well-being and that of your family. That’s why we’re happy to extend many of our health and welfare benefits to domestic partners.

## WHO’S ELIGIBLE

Provided they meet certain criteria, as detailed below, the following domestic partners may participate in UC’s health and welfare benefits:

- Same-sex domestic partners of active employees and retirees
- Opposite-sex domestic partners of active employees and retirees, if at least one of you is over age 62 and eligible to receive Social Security benefits based on age
- Domestic partner’s eligible child or grandchild

## WHAT’S AVAILABLE

Your partner, and/or your partner’s child or grandchild, may qualify for some or all of the following benefits, assuming you and they meet the eligibility requirements. See *A Complete Guide to Your UC Health Benefits*, available on UCnet ([ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)), for more information. Keep in mind that your family members may be enrolled only in the same plans as you.

## INSURANCE COVERAGE

Insurance	Employee	Retirees
Medical	•	•
Dental	•	•
Vision	•	•
Dependent life insurance	•	
AD&D	•	•
Legal	•	•
Bright Horizons Care Advantage	•	
Flexible Spending Accounts	•	

See “Enrolling your partner in insurance plans” on page 5 for details about how and when to cover your family members.

## BRIGHT HORIZONS CARE ADVANTAGE

This is a membership-based Web resource to help you find prescreened childcare and eldercare. UC pays for access; you pay for care. (Sorry, retirees are not eligible for UC-paid access, but may use the site with their own paid membership.)

## TAX-SAVINGS PROGRAMS

UC offers an array of options for paying for certain qualified expenses on a pretax basis. Some of these benefits may extend to your domestic partner and/or his or her child or grandchild.

**Flexible Spending Accounts (FSAs):** You may use the Dependent Care FSA and Health FSA for your partner’s expenses or those of his or her child or grandchild, provided you claim them as dependents for tax purposes.

**Tax Savings on Insurance Premiums (TIP):** In most cases, out-of-pocket premium costs for domestic partners and/or their children or grandchildren must be paid on an after-tax basis, unless these family members are your dependents as defined under the Internal Revenue Code. However, the premium costs for your partner and/or your partner’s child or grandchild who are your California tax dependents may be deducted from your pay on a pretax basis for California income tax purposes if you have registered your partnership with the state. Submit form UPAY 850 to your Benefits Office in order to have the premiums deducted on a pretax basis.

## RETIREE AND SURVIVOR HEALTH BENEFITS

If you’re eligible to carry UC-sponsored medical, dental and/or legal coverage into retirement, your partner (and his or her child or grandchild) may be able to continue coverage as well. To learn more, see the *Retirement Handbook*, available at [ucal.us/retirementhandbook](http://ucal.us/retirementhandbook).

Similarly, your enrolled family members may be able to continue their coverage in the event of your death.

**If you die while still employed by UC:** For details about continued UC health and welfare plan coverage, COBRA coverage or conversion to individual policies, see the *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Employees*, available at [ucal.us/survivorhandbook](http://ucal.us/survivorhandbook).

**If you die after retirement:** Your partner and/or his or her child or grandchild may be eligible to continue coverage if they are eligible to receive a monthly benefit from the UC Retirement Plan. For details about continued coverage, see the *Your Guide to Survivor and Beneficiary Benefits for Family Members and Beneficiaries of UC Retirees and Disabled Members Receiving UCRP Income*, available on UCnet ([ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)).

**ENROLLING YOUR PARTNER IN INSURANCE PLANS**

You may enroll your domestic partner and his or her child or grandchild, according to the table below.

After your family members are enrolled, you will be required to submit documentation to verify their eligibility for benefits. You will receive information explaining the verification process and the documents needed to verify your family members' eligibility.

Your status	When to enroll your partner and/or child/grandchild	How to enroll them
<b>Employee</b>	When you're first eligible	Online
	During open enrollment	Online
	During your partner's PIE*	Submit form UPAY 850 ( <i>Enrollment, Change, Cancellation or Opt Out—Employees Only</i> ). If your partnership is registered with the state of California, check the appropriate box in Section 3 and enter the filing date. If the partnership is not registered, check the box for "Not registered" and enter your partner's (or partner's child or grandchild's) date of eligibility.
	If you miss your PIE (for medical plan only; effective date of coverage delayed for 90 days)	
<b>Retiree</b>	During open enrollment	Online
	During your partner's PIE (beginning when your partner first meets eligibility criteria)	Submit form UBEN 100 ( <i>Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan</i> ). If your partnership is registered with the state of California, check the appropriate box in Section 2 and enter the filing date. If the partnership is not registered, check the appropriate box and enter your partner's (or partner's child or grandchild's) date of eligibility.
	If you miss your PIE, provided you are currently enrolled in a UC-sponsored plan (for medical plan only; effective date of coverage is delayed for 90 days)	

\* PIE is the period of initial eligibility, the 31 days following the date your partner first becomes eligible for coverage.

# Health and Welfare Benefits

## TAX IMPLICATIONS

In most cases, your domestic partner and his or her children do not automatically qualify as your dependents under the Internal Revenue Code (IRC). That means any UC contribution toward their medical, dental and vision coverage is considered “imputed income” and may be subject to federal and California state income taxes, as well as Social Security and Medicare taxes (FICA) and any other required payroll taxes. This income is reflected on your annual W-2 statement.

**Federal and California state income taxes:** If your partner is a dependent as defined by the IRC, you are not subject to imputed income on UC contributions toward his or her health insurance. In order for your payroll records to accurately reflect this tax dependency, complete form UPAY 886 (*Declaration of Tax Dependency*) and submit it to your local Payroll Office.

Under rules implemented as part of health care reform legislation, there is no imputed income for federal or California state income tax purposes on the value of UC’s contribution for coverage provided to your biological, adopted and/or step-children (if you are considered the child’s step-parent under state law and the child’s parent is your same-sex registered domestic partner), regardless of whether they are your tax dependents. You will have imputed income for both state and federal tax purposes for coverage provided to children of your non-registered domestic partner and step-grandchildren if they are not your tax dependents.

## **WHAT YOU NEED TO DO**

If you have imputed income, each November UC Human Resources will mail form UPAY 886 (*Declaration of Tax Dependency*) to you. If one or more of your covered family members is your tax dependent, complete the form and submit it to your local Benefits Office. After the form is submitted, payroll records will be adjusted and:

- The taxable gross income on your Form W-2 for the year will not include any imputed income for medical/dental/vision coverage and will be reduced for pretax TIP contributions as appropriate (see “Tax Savings on Insurance Premiums” on page 4)
- Excess FICA contributions will reduce current FICA withholding

You may claim any excess income tax withheld when you file your tax returns.

You may be asked to submit proof of tax dependency.

**California state income taxes only:** If you have registered your partnership with the state of California, UC’s contribution for medical, dental and vision coverage is not considered imputed income for California state income tax purposes.

Use form UPAY 850 (*Enrollment, Change, Cancellation or Opt Out—Employees Only*), available at [ucal.us/UPAY850](http://ucal.us/UPAY850), to notify your local Benefits Office that your partnership is registered so that imputed income is not reported for state tax purposes. Once the form is received, withholding on imputed income for California state taxes will stop, and the California taxable income on your Form W-2 for the year will not include any imputed income for health coverage for your partner. You may claim any excess state income tax withheld when you file your state income tax return.

If you have not registered your partnership with the state of California but are in a valid same-sex partnership in another jurisdiction that California recognizes as substantially equivalent to a California registered domestic partnership, you may be able to exclude the imputed income from state taxation when you file your tax return.

## REFERENCE

*A Complete Guide to Your UC Health Benefits*

## Leave Policies

University policies allow you to use sick leave to bond with a newborn, adopted or foster-care child and in case of the illness or death of a domestic partner or partner's child. You may also use family and medical leave in case of a partner's or partner's child's serious health condition.

For details on sick leave and family and medical leave policies, see the applicable personnel policy. If you are a represented employee, see your collective bargaining agreement (contract), available at [ucal.us/laborrelations](http://ucal.us/laborrelations).

## UC Retirement Plan Survivor Benefits

### WHO'S ELIGIBLE

- Domestic partners of UCRP members
- Partner's child, in certain circumstances

See "Establishing a domestic partnership for UCRP survivor income" on page 8 for information about actions you need to take to ensure your family member's eligibility.

### WHAT'S AVAILABLE

Lifetime monthly income

### **PRERETIREMENT SURVIVOR BENEFITS**

If you die before you retire, monthly survivor benefits may be available to an eligible domestic partner if you have at least two years of UC service credit and die while employed at UC or receiving UCRP disability income.

Your domestic partnership must have existed for at least one year before your death, and your partner must meet other eligibility requirements.

### **IF YOU DIE WHILE ELIGIBLE TO RETIRE**

If you're an active, inactive or disabled UCRP member—meaning that you're 50 or older (55 or older if you were hired or became eligible for UCRP after July 1, 2013 as a non-Safety member) with at least five years of UC service credit—your partner may receive a lifetime monthly benefit.

There is no one-year partnership requirement for benefits paid to your domestic partner in this case.

### **POST-RETIREMENT SURVIVOR BENEFITS**

Your partner may be eligible to receive a lifetime monthly benefit if you die after you retire.

If you were eligible for UCRP membership before July 1, 2013, the post-retirement survivor benefit is automatic, and your partner will receive 25 percent of your basic retirement (50 percent if you are a member with non-coordinated benefits or a Safety member). (You can set aside more than that if, before your retirement, you opt to take a reduced monthly payment.)

If you became eligible for UCRP membership on or after July 1, 2013 as a non-Safety member, this benefit is not automatic. In order to provide a survivor benefit to your partner, you must elect, before your retirement, a reduction in your pension.

Your domestic partnership must have existed for at least one year at the time of your retirement and continuously until your death. In addition, you must submit documentation establishing your domestic partnership to UC before you retire. (See "Establishing a domestic partnership for UCRP survivor income" on page 8.)

# UC Retirement Plan Survivor Benefit

Your child and/or your partner's biological or adopted child may also be eligible for preretirement and post-retirement survivor benefits. If you have both a domestic partner and an eligible child, survivor benefits will be paid to your partner, unless he or she dies before the child.

## TAX INFORMATION

There may be special tax consequences for these benefits. You may want to consult your tax adviser before taking any action.

## ESTABLISHING A DOMESTIC PARTNERSHIP FOR UCRP SURVIVOR INCOME

**If your partnership is registered with the state of California or another jurisdiction:** Submit a copy of the Declaration of Domestic Partnership (California state form NP/SF DP-1) that you filed with the state of California or the form filed with another jurisdiction (same-sex domestic partners only). Send the document to:

UC Human Resources  
Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570

The process will be quicker if your Social Security number—or at least the first five digits—is included.

For preretirement survivor benefits, you can submit a copy of your state registration at any time, or your partner can submit a copy after you die. For post-retirement benefits, a copy of the state registration must be submitted prior to your retirement.

UC Human Resources will use the **date the state form was filed as the beginning date of the domestic partnership.**

If your partnership was registered with the state only recently, you may want to submit form UBEN 250 and supporting documentation (see “Supporting Documentation” on page 9) if you are nearing retirement and can establish an earlier beginning date for your partnership. This action could preserve your partner's right to pre- or post-retirement survivor benefits, for which there is a one-year partnership requirement.

**If your partnership is not registered:** Submit form UBEN 250 (*Declaration of Domestic Partnership*) and three supporting documents. See “Supporting Documentation” on page 9. If you do not submit this form, your domestic partner cannot submit the form after your death, and he or she will not be eligible to receive survivor benefits.

UC Human Resources will use the earliest date established by the documentation as the beginning date of the domestic partnership. For your partner to be eligible, you must submit the documentation prior to your retirement and it must establish that the relationship began at least one year prior to your retirement.



## Definition of Domestic Partnership

A domestic partnership registered with the state of California or a substantially equivalent partnership in another jurisdiction (same-sex partners only) is a domestic partnership for UC benefits eligibility purposes.

Same-sex domestic partners can register their domestic partnership with the state of California.

Opposite-sex domestic partners as defined in California Family Code Section 297 (that is, one or both partners is over age 62 and eligible for Social Security benefits based on age) may also register.

A partnership that has not been registered with the state must meet the following criteria to be considered a domestic partnership for UC benefits eligibility purposes:

- Parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely.
- Neither party may be legally married or be a partner in another domestic partnership.
- Parties must not be related to each other by blood to a degree that would prohibit legal marriage in the state of California.
- Both parties must be at least 18 years old and capable of consenting to the relationship.
- Parties must be financially interdependent.
- Parties must share a common residence.

### SUPPORTING DOCUMENTATION

In order to receive UCRP survivor benefits and, if requested, for health and welfare benefits, if you haven't registered your domestic partnership with the state of California, you must submit any three of the following:

- Joint mortgage or joint tenancy on a residential lease
- Joint bank account
- Joint liabilities (e.g., card or car loan)
- Joint ownership of significant property ( e.g., a car or a house)
- Durable property or health care power of attorney
- Wills, life insurance policies or retirement annuities naming each other as primary beneficiary
- Written agreement or contract showing mutual support obligation or joint ownership of assets acquired during the relationship
- Copy of any declaration, affidavit or similar document filed with any other governmental entity

### TERMINATING A DOMESTIC PARTNERSHIP

#### **FOR UCRP SURVIVOR INCOME**

If your partnership ends, you must submit one of the following:

- A copy of the filed California State Notice of Termination of Domestic Partnership (SEC/STATE NP/SF DP-21)
- A copy of a final judgment of dissolution or nullity of the domestic partnership
- UC form UBEN 253 (*Termination of Domestic Partnership*), if your partnership is not registered with the state

If your partnership is not registered, you are responsible for notifying your former partner about the termination. Submitting a termination notice or court order is important. If the information on file is not current, UC Human Resources could pay survivor benefits to a former partner instead of other eligible recipients, such as your child.

#### **FOR HEALTH AND WELFARE BENEFITS**

Within 31 days after a domestic partnership ends, you must notify UC of the change. If you're an employee, complete and submit form UPAY 850 (*Enrollment, Change, Cancellation or Opt Out—Employees Only*). Check the appropriate box in Section 3 and enter the date the partnership ended.

If you're a retiree, complete and submit form UBEN 100 (*Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan*). Check the appropriate box in Section 2 and enter the date the partnership ended.

You are responsible for providing your domestic partner with a copy of the termination form (UBEN 253) and the date benefits end. (Coverage stops at the end of the month in which the domestic partnership ends.)

If covered under the medical, dental and/or vision plan, your partner and/or your partner's child or grandchild may be able to continue coverage under COBRA for up to 36 months. For more information, contact your benefits office and visit the COBRA page at [ucal.us/COBRA](http://ucal.us/COBRA).

## Forms You May Need

Action	Form	Available
<b>Document domestic partnership (UCRP)</b>	State of California form NP/SF DP-1 (Declaration of Domestic Partnership), or	Online at <a href="http://www.sos.ca.gov/dpregistry/forms.htm">www.sos.ca.gov/dpregistry/forms.htm</a>
	UC form UBEN 250 ( <i>Declaration of Domestic Partnership</i> )	<ul style="list-style-type: none"> <li>At the back of this booklet</li> <li>Online at <a href="http://ucnet.universityofcalifornia.edu/forms/pdf/uben-250.pdf">ucnet.universityofcalifornia.edu/forms/pdf/uben-250.pdf</a></li> </ul>
<b>Report termination of partnership (UCRP)</b>	State of California form NP/SF DP-2 (Notice of Termination of Domestic Partnership), or	Online at <a href="http://www.sos.ca.gov/dpregistry/forms.htm">www.sos.ca.gov/dpregistry/forms.htm</a>
	UC form UBEN 253 ( <i>Termination of Domestic Partnership</i> )	<ul style="list-style-type: none"> <li>At the back of this booklet</li> <li>Online at <a href="http://ucnet.universityofcalifornia.edu/forms/pdf/uben-253.pdf">ucnet.universityofcalifornia.edu/forms/pdf/uben-253.pdf</a></li> </ul>
<b>Enroll or cancel coverage in health and welfare plans</b>	Employees: UPAY 850 ( <i>Enrollment, Change, Cancellation or Opt Out—Employees Only</i> )	<ul style="list-style-type: none"> <li>Online at <a href="http://ucal.us/UPAY850">ucal.us/UPAY850</a> (for UPAY 850) and <a href="http://ucal.us/UBEN100">ucal.us/UBEN100</a> (for UBEN 100)</li> </ul>
	Retirees: UBEN 100 ( <i>Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan</i> )	<ul style="list-style-type: none"> <li>From the person in your department who handles benefits</li> <li>From the Retirement Administration Service Center: 800-888-8267</li> </ul>
<b>Designate beneficiary for</b> <ul style="list-style-type: none"> <li>UCRP lump-sum death payment</li> <li>UCRP Capital Accumulation Provision (CAP) payment</li> <li>Life insurance (Basic, Supplemental, Core)</li> <li>Accidental Death and Dismemberment insurance</li> </ul>	UBEN 116 ( <i>Designation of Beneficiary—Employees</i> )	<ul style="list-style-type: none"> <li>Online at <a href="http://ucnet.universityofcalifornia.edu/forms/pdf/uben-116.pdf">ucnet.universityofcalifornia.edu/forms/pdf/uben-116.pdf</a> (form UBEN 116) and <a href="http://ucal.us/UBEN117">ucal.us/UBEN117</a> (form UBEN 117)</li> <li>From the Retirement Administration Service Center: 800-888-8267</li> </ul>
	UBEN 117 ( <i>Designation of Beneficiary—Retirees, Former Employees and Others</i> )	
<b>Designate beneficiary for</b> <ul style="list-style-type: none"> <li>403(b) Plan</li> <li>457(b) Plan</li> <li>DC Plan</li> </ul>	Fidelity's enrollment form	<ul style="list-style-type: none"> <li>Online at <a href="http://ucfocusonyourfuture.com">ucfocusonyourfuture.com</a></li> <li>From Fidelity: 866-682-7787</li> </ul>

# UBEN 250

## Declaration of Domestic Partnership

**EMPLOYEES/RETIREEES:**

Signing this Declaration establishes your domestic partnership with the University of California and will be used to help determine your partner's eligibility for a number of survivor and death benefits. Signing this Declaration does not guarantee eligibility for benefits; however, if you die before confirming your partnership by an accepted method, your partner cannot be considered for such benefits. If you have registered your domestic partnership with the state of California or if you are in a same-sex partnership that is validly formed and registered in another jurisdiction and the partnership is substantially equivalent to a California-registered domestic partnership, you do not need to complete this form or take any other action at this time.

We, the undersigned, declare that we are domestic partners in accordance with the following criteria:

- We are each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely.

- Neither of us is legally married.
- We are not related by blood to a degree that would prohibit legal marriage in the state of California.
- We are both at least 18 years old and capable of consenting to the relationship.
- We are financially interdependent.
- We share a common residence.

**REQUIRED SIGNATURES**

Both parties must print and sign their names below.

Under penalty of perjury, we declare that the representations herein are true and correct and contain no material omissions of fact to the best of our knowledge and belief. We further declare that we have read, understand, and agree to the additional terms and conditions on the reverse of this form.

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**EMPLOYEE/RETIREE**

Name (Last, First, Middle Initial) (Please Print)	Social Security Number
Signature	Date

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**DOMESTIC PARTNER**

Name (Last, First, Middle Initial) (Please Print)	Social Security Number
Signature	Date

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**Send completed form to:**  
 UC Human Resources Records Management  
 P.O. Box 24570  
 Oakland, CA 94623-1570

**UNIVERSITY OF CALIFORNIA** Human Resources

# UBEN 250

## Declaration of Domestic Partnership

### ADDITIONAL TERMS AND CONDITIONS

1. Termination of Partnership: If a domestic partnership confirmed in a *Declaration of Domestic Partnership* (UBEN 250) ends, the employee must, within 31 days after the date the partnership ends, complete and submit form UBEN 253 (*Termination of Domestic Partnership*) to UC Human Resources Records Management. Filing this form will terminate eligibility for survivor and/or death benefits for the domestic partner previously named in the declaration. Termination of a domestic partnership registered in California or another jurisdiction is governed by the laws of the applicable jurisdiction.

The member must provide the former domestic partner with a copy of the termination form.

2. For employees filing this declaration, the University of California will require proof that a domestic partnership meets joint residency, financial interdependence and one-year duration (if applicable) requirements at the time of the employee's retirement or death. The employee may provide supporting documents when filing this declaration or the employee or domestic partner may submit documentation supporting the domestic partnership at the time of the employee's retirement or death. Acceptable documentation includes any three of the following:

- copy of any declaration, affidavit, or similar document filed with any other governmental entity
- joint mortgage or joint tenancy on a residential lease
- joint bank account
- joint liabilities (e.g., a credit card or car loan)
- joint ownership of significant property (e.g., a car)
- power of attorney for durable property or health care
- wills, life insurance policies or retirement annuities naming each other as primary beneficiary
- written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship

3. The university will use this declaration for the sole purpose of determining eligibility for survivor and/or death benefits for a domestic partner. It is not intended to establish any contractual rights or obligations between the employee and his/her domestic partner.

4. For UCRP members only: In most cases, for a domestic partner to be eligible for preretirement survivor income before the member was eligible to retire or (if applicable) for the postretirement survivor continuance from UCRP, the partnership must have existed, uninterrupted, for the 12-month period preceding the member's retirement or death, and continuously to the member's death.

A domestic partner will not be eligible for any UCRP survivor benefits unless one of the following requirements is satisfied: (i) the partnership is registered with the state of California, (ii) this declaration is on file with the university and supporting documentation can be provided; or (iii) your same-sex partnership is validly formed and registered in another jurisdiction and the partnership is substantially equivalent to a California-registered domestic partnership. Registering your partnership or filing this declaration with UC may affect the eligibility of your children for UCRP survivor benefits. The UCRP Plan Document and Regulations govern eligibility for UCRP benefits.

### PRIVACY NOTIFICATIONS

#### **STATE**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the university to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with university personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

#### **FEDERAL**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The university's record keeping system was established prior to January 1, 1975 under the authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.

# UBEN 253

## Termination of Domestic Partnership

### EMPLOYEES/RETIREEES:

Use this form to notify UC that your domestic partnership has ended if you used form UBEN 250 to establish your partnership. Do not use this form if your domestic partnership is registered with the state of California or if your same-sex partnership was validly formed and registered in another jurisdiction and the partnership is substantially equivalent to a California-registered domestic partnership. In that case, the termination process is governed by the laws of the applicable jurisdiction.

If you registered your partnership with the state of California or another jurisdiction as described above and submitted a copy of the appropriate registration form for UC benefit purposes and the partnership is terminating, you must submit a filed copy of the *State Notice of Termination of Domestic Partnership* (SEC/STATE NP/SF DP-2) or a copy of a final judgment of dissolution or nullity of the domestic partnership for a California registration or, if your same-sex partnership was validly formed and registered in another jurisdiction and is substantially equivalent to a domestic partnership, a copy of the form or order required by the other jurisdiction to document the termination or nullification of the partnership. In this situation, UC's form (UBEN 253) will not be accepted as proof that your partnership has terminated.

It is your responsibility to provide your former domestic partner with a copy of this termination form and the date benefits end. Eligibility for survivor and/or death benefits stops on the date the domestic partnership ends.

Before you retire, you may submit a new declaration of domestic partnership any time you enter into another partnership. Keep in mind, however, that other eligibility requirements still must be met—for example, the new partnership must exist for at least 12 months before certain survivor benefits can be paid.

### OTHER

Submitting this termination form will not change any beneficiary designations you may have made for other university benefits—for example, the UCRP death benefit, 403(b), 457(b) or DC Plan accumulations, or life or AD&D insurance. If you want to name new beneficiaries for these plans, you must change your beneficiary online or submit new beneficiary forms available from your local Benefits Office, the UC Retirement Administration Service Center (800-888-8267) or from Fidelity.

Also, in addition to submitting this termination form, you must cancel insurance coverage for a former partner and/or the partner's child/grandchild. To do so, you must do as follows within 31 days of the terminating event:

**Employees:** Complete form UPAY 850 (*Enrollment, Change, Cancellation or Opt Out—Employees Only*) and submit it to your local Benefits or Payroll Office in accordance with local procedures.

**Retirees:** Complete form UBEN 100 (*Retiree Continuation, Enrollment, or Change—Medical, Dental and/or Legal Plan*) and submit it to the address shown on the form.

..... I, the undersigned, declare that my former partner (Last, First, Middle Initial)

..... and I are no longer partners . Our partnership ended on (Day, Month, Year)

### **EMPLOYEE/RETIREE**

..... Name (Last, First, Middle Initial) (Please Print)

..... Social Security Number

..... Signature

..... Date

**Send completed form to:**  
 UC Human Resources Records Management  
 P.O. Box 24570  
 Oakland, CA 94623-1570

**UNIVERSITY OF CALIFORNIA** Human Resources

# UBEN 253

## Termination of Domestic Partnership

### PRIVACY NOTIFICATIONS

#### **STATE**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the university to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with university personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

#### **FEDERAL**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The university's record-keeping system was established prior to January 1, 1975, under the authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations for Faculty and Staff, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the university or other governing authorities. The university also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

In conformance with applicable law and university policy, the university is an affirmative action/equal opportunity employer. Please send inquiries regarding the university's affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, Oakland, CA 94607, and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.



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