

# Benefits for Domestic Partners

**The University of California provides the following benefits:**

**For the domestic partners of active employees and retirees**

## **UCRP SURVIVOR INCOME**

The University of California Retirement Plan (UCRP) provides monthly survivor benefits to eligible same-sex and opposite-sex domestic partners of UCRP members. In certain circumstances, a partner's eligible child may also receive UCRP survivor benefits. To ensure survivor benefits for a domestic partner, employees should take action as soon as possible. See "Establishing a domestic partnership..." on page 4.

## **HEALTH AND WELFARE BENEFITS**

Same-sex and some opposite-sex domestic partners—and/or a partner's child or grandchild—may be eligible for the following UC-sponsored insurance coverage: medical, dental, vision, dependent life, accidental death and dismemberment, and legal coverage. Employees may also be able to use flexible dependent care and health care spending accounts to reimburse eligible expenses incurred by a partner and/or a partner's child or grandchild.

**For the domestic partners of active employees only**

## **LEAVE POLICIES**

University policies permit employees to use sick leave in case of the illness or death of a domestic partner or partner's child. Family and medical leave may also be used in case of a partner's serious health condition.



## **DEFINITION OF DOMESTIC PARTNERSHIP FOR UCRP SURVIVOR INCOME AND HEALTH AND WELFARE BENEFITS**

### **(same-sex and opposite-sex domestic partners)**

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

A domestic partnership that has not been registered with the State of California must meet the following criteria to be a domestic partnership for UC benefits 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

See page 5 for information on establishing a domestic partnership if the partnership is not registered with the State.

**For UCRP pre- and post-retirement benefits**, the partnership must have been in existence for at least one year as of the date of death or retirement and must be continuous until death. See "What Benefits are Available" on page 3.

**For health and welfare benefits for opposite-sex domestic partners**, one or both must be over age 62 and eligible for Social Security benefits based on age.

### **California State registration**

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 are over age 62 and eligible for Social Security benefits based on age) may also register.

For more information about forms, see page 7.

## WHAT BENEFITS ARE AVAILABLE

### UCRP survivor income

**(for same-sex and opposite-sex domestic partners)**

**Pre-retirement survivor benefits** (employee member is not eligible to retire)

- Monthly survivor benefits may be available to an eligible domestic partner if the UCRP member has at least two years of UC service credit and dies while employed at UC or while receiving UCRP disability income.
- The domestic partnership must have existed for at least one year before the member's death, and the partner must meet other eligibility requirements.

**Death while eligible to retire**

- A lifetime monthly benefit may be available to a surviving domestic partner if an active, inactive or disabled UCRP member dies while eligible to retire (that is, age 50 or older with at least five years of UC service credit).
- There is no one-year partnership requirement.

**Post-retirement survivor benefits** (retirees)

- A lifetime monthly benefit may be available to a domestic partner when a UCRP member dies after retirement.
- The domestic partnership must have existed for at least one year at the time of the member's retirement and continuously until the member's death.

A UCRP member's child and/or a domestic partner's natural or adopted child may also be eligible for pre-retirement or post-retirement survivor benefits.

If the member has both a domestic partner and an eligible child, survivor benefits will be paid to the partner, unless the partner predeceases the child.

See "Establishing a Domestic Partnership..." on page 4 for **documentation requirements** for UCRP survivor benefits.

For **eligibility requirements for UCRP survivor benefits**, see the UCRP summary plan descriptions.

### Employee health and welfare benefits

**(for same-sex and some opposite-sex domestic partners of active employees)**

An employee's same-sex domestic partner and the partner's child or grandchild may be eligible for some or all of the following benefits. See *Your Group Insurance Plans* or the *Group Insurance Eligibility Factsheet* for more information.

- Medical
- Dental
- Vision
- Dependent Life
- Accidental Death and Dismemberment (AD&D)
- Legal
- Dependent Care Reimbursement Account (DepCare)—Employees may use DepCare for a domestic partner's expenses—or for those of a partner's child or grandchild—only if the employee claims them as dependents for income tax purposes.
- Health Care Reimbursement Account (HCRA)—Employees may use HCRA for a domestic partner's health care expenses—or for those of a partner's child or grandchild—only if the employee claims them as dependents for income tax purposes.

- **Tax Savings on Insurance Premiums (TIP)**—In general, employees may only use TIP to pay the out-of-pocket premium cost for medical coverage for a same-sex domestic partner and/or the partner’s child/grandchild who is their tax dependent. Monthly costs for these individuals must be paid on an after-tax basis.

**EXCEPTION:** If an employee has registered his/her domestic partnership with the State of California and has submitted form UPAY 850 indicating such registration and the filing date, any out-of-pocket premium cost for medical coverage for the partner and/or the partner’s child/grandchild is deducted from pay on a pretax basis for California income tax purposes only. For federal tax purposes, the out-of-pocket premium cost must still be paid on an after-tax basis.

If these family members are the employee’s tax dependents, any necessary adjustments will be made at the end of the year when the employee responds to UC’s annual tax dependency mailing (see “Waiver of imputed income” on page 8). The employee may recover any excess federal or California State income tax withheld when filing tax returns.

## **Retiree and survivor health and welfare benefits**

### **(for same-sex and some opposite-sex domestic partners)**

**Employee dies**—If specific conditions are met, a domestic partner (and/or a partner’s child/grandchild) may be able to continue UC-sponsored medical/dental/legal coverage upon the employee’s death.

For details about continued UC health and welfare plan coverage, COBRA coverage, or conversion to individual insurance policies, see the *Survivor and Beneficiary Handbook for Surviving Family Members and Beneficiaries of UC Employees*.

**Employee retires**—An eligible employee may be able to continue medical/dental/legal coverage into retirement. A domestic partner (and/or partner’s child/grandchild) who is enrolled as a family member at the time of retirement may be eligible to continue coverage as well.

For details about health and welfare benefits for retirees and their eligible family members, see the *Retirement Handbook*.

**Retiree dies**—A domestic partner (and/or partner’s child/grandchild) may be eligible to continue medical/dental/legal coverage if they were enrolled in the plan(s) at the time of the retiree’s death and are eligible to receive a monthly benefit from UCRP.

For details about continued coverage after a retiree’s death, see the *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Retirees*.

## **ESTABLISHING A DOMESTIC PARTNERSHIP FOR UCRP SURVIVOR INCOME**

### **(same-sex and opposite-sex domestic partners)**

#### **Registered with the State of California or another jurisdiction**

Submit a copy of the *Declaration of Domestic Partnership* (SEC/STATE LP/SF DP-1) that has been filed with the State of California or form filed with another jurisdiction (same-sex domestic partners only). See “Send documents to” on page 5. (The process will be quicker if the member’s Social Security number—or at least the first five digits—is included.)

UCRP members can submit a copy of their State registration at any time or their partner can submit a copy when the member dies.

UC HR/Benefits will use the **date the State form was filed as the beginning date of the domestic partnership**.

If a partnership has been registered with the State very recently, the employee may want to consider submitting the UBEN 250 and supporting documentation (see next paragraph) if that would establish an earlier beginning date for the partnership. This action could preserve a partner’s right to pre- or post-retirement survivor benefits, for which there is a one-year partnership requirement.

## Not registered

If the partnership has not been registered with the State, the UCRP member must submit UC form UBEN 250 (*Declaration of Domestic Partnership*) and three supporting documents. See "Supporting documentation..." on page 6. If the UCRP member does not submit the form, his/her domestic partner will not be eligible to receive survivor benefits.

UC HR/Benefits will use the **earliest date established by the documentation as the beginning date of the domestic partnership**. For a retiree's partner to be eligible, the documentation must establish that the relationship began at least one year prior to the member's retirement.

## Send documents to

UC HR/Benefits  
Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570

## ENROLLING A DOMESTIC PARTNER IN HEALTH AND WELFARE PLANS

### Employees

#### Employees can enroll their domestic partners and/or a partner's child/grandchild

- online when the employee is first eligible, or
- during an announced Open Enrollment period (usually in November), or
- by submitting form UPAY 850 (*Enrollment, Change, Cancellation, or Opt Out*)
  - within the 31-day Period of Initial Eligibility (PIE) beginning when the partner first meets eligibility criteria, or
  - for medical plan enrollment only, at any time (effective date of coverage is delayed for 90 days)

(If partnership is registered with the State of California, check the appropriate box in Section 2 of the UPAY 850 form and enter the filing date. If partnership is not registered, check the box for "Add eligible family member" and enter partner's first date of eligibility.)

After enrollment, as part of UC's annual audit process or when requested, employees may be asked to submit documentation establishing the domestic partnership. Employees should not submit documentation unless requested. A copy of their filed California State registration will fulfill this request. If their partnership is not registered with the State, employees must submit supporting documentation as noted on page 6.

### Retirees

#### Retirees can enroll their domestic partners and/or a partner's child/grandchild

- during an announced Open Enrollment period (usually in November), or
- by submitting form UBEN 100 (*Retiree Continuation, Enrollment or Change of Medical, Dental and/or Legal Plan*)
  - within the 31-day Period of Initial Eligibility (PIE) beginning when the partner first meets eligibility criteria, or
  - for medical plan enrollment only, at any time, provided retiree is currently enrolled in a UC-sponsored medical plan (effective date of coverage is delayed for 90 days).

(If partnership is registered with the State of California, check the appropriate box in Section 2 of the UBEN 100 form and enter the filing date. If partnership is not registered, check the appropriate box and enter partner's first date of eligibility.)

After enrollment, as part of UC's annual audit process or when requested, retirees may be asked to submit documentation establishing the domestic partnership. Retirees should not submit documentation unless requested. A copy of their filed California State registration will fulfill this

request. If their partnership is not registered with the State, retirees must submit supporting documentation as noted on page 6.

## **SUPPORTING DOCUMENTATION FOR A DOMESTIC PARTNERSHIP**

### **(UCRP survivor income and health and welfare benefits)**

In order to receive UCRP survivor benefits and, if requested, for health and welfare benefits, employees who have not registered their domestic partnership with the State of California must submit any three of the following:

- joint mortgage or joint tenancy on a residential lease
- joint bank account
- joint liabilities (for example, credit cards or car loans)
- joint ownership of significant property (for example, 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 agreements or contracts showing mutual support obligations or joint ownership of assets
- copy of any declaration, affidavit or similar document filed with any other governmental entity

## **TERMINATING A DOMESTIC PARTNERSHIP**

### **For UCRP survivor income**

The member must submit to UC HR/Benefits:

- a copy of filed California 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, or
- if not registered with the State, UC form UBEN 253 (*Termination of Domestic Partnership*).

If the partnership is not registered, the member is responsible for notifying the former partner about the termination. Please note that submitting a termination notice or court order is important—if information on file has not been updated, UC HR/Benefits could pay survivor benefits to a former partner instead of other eligible recipients, such as the employee's child.

### **For health and welfare benefits**

Within 31 days after a domestic partnership ends, the employee must complete and submit form UPAY 850 (*Enrollment, Change, Cancellation, or Opt Out*). (Check the appropriate box in Section 2 and enter the date the partnership ended.) A retiree must complete and submit form UBEN 100.

The employee/retiree is responsible for providing his/her domestic partner with a copy of the termination form (UPAY 850/UBEN 100) and the date benefits end. (Coverage stops at the end of the month in which the domestic partnership ends. Premiums are paid through the following month.)

If covered under the medical, dental, and/or vision plan, a partner/partner's child/grandchild may be eligible to continue coverage under COBRA for up to 36 months. See the *Continuation of Group Insurance Coverage* notice.

## FORMS

Action	Form	Available
Document domestic partnership (UCRP)	SEC/STATE NP/SF DP-1 ( <i>Declaration of Domestic Partnership</i> ) (State form) or	<ul style="list-style-type: none"> <li>• Online at <a href="http://www.ss.ca.gov/dpregistry/dp_formsfees.htm">www.ss.ca.gov/dpregistry/dp_formsfees.htm</a></li> </ul>
	UBEN 250 ( <i>Declaration of Domestic Partnership</i> ) (UC form)	<ul style="list-style-type: none"> <li>• At the back of this booklet</li> <li>• Online at <a href="http://atyourservice.ucop.edu">http://atyourservice.ucop.edu</a></li> </ul>
Report termination of partnership (UCRP)	SEC/STATE NP/SF DP-2 ( <i>Notice of Termination of Domestic Partnership</i> ) (State form) or	<ul style="list-style-type: none"> <li>• Online at <a href="http://www.ss.ca.gov/dpregistry/dp_formsfees.htm">www.ss.ca.gov/dpregistry/dp_formsfees.htm</a></li> </ul>
	UBEN 253 ( <i>Termination of Domestic Partnership</i> ) (UC form)	<ul style="list-style-type: none"> <li>• At the back of this booklet</li> <li>• Online at <a href="http://atyourservice.ucop.edu">http://atyourservice.ucop.edu</a></li> </ul>
Enroll/cancel coverage in health and welfare plans	<p>Employees: UPAY 850 (<i>Enrollment, Change, Cancellation, or Opt Out</i>)</p> <p>Retirees: UBEN 100 (<i>Retiree Continuation Enrollment, or Change—Medical, Dental and/or Legal Plan</i>)</p>	<ul style="list-style-type: none"> <li>• Online at <a href="http://atyourservice.ucop.edu">http://atyourservice.ucop.edu</a></li> <li>• From person in department who handles benefits</li> <li>• From local Benefits Office</li> <li>• From the UC Customer Service Center</li> </ul>
Designate beneficiary for <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 (AD&amp;D)</li> </ul>	<p>UBEN 116 (<i>Designation of Beneficiary—Employees</i>)</p> <p>or</p> <p>UBEN 117 (<i>Designation of Beneficiary—Retirees, Former Employees and Others</i>)</p>	<ul style="list-style-type: none"> <li>• Online at <a href="http://atyourservice.ucop.edu">http://atyourservice.ucop.edu</a></li> <li>• From local Benefits Offices</li> <li>• From the UC Customer Service Center</li> </ul>
Designate beneficiary for <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://netbenefits.com">netbenefits.com</a></li> <li>• Call Fidelity at 1-866-682-7787</li> </ul>



## TAX INFORMATION

### Survivor Benefits

There may be special tax consequences for these benefits. Members may want to consult their tax advisor before taking any action.

#### Imputed income

##### (for health and welfare benefits)

The UC contribution for medical/dental coverage for a domestic partner (and a partner's child/grandchild) is considered income to the employee/retiree (imputed income) unless the employee/retiree qualifies for a waiver (see next section). Imputed income is subject to federal and California State income taxes, Social Security and Medicare taxes, and any other required payroll tax.

#### Waiver of imputed income

##### (for health and welfare benefits)

##### Federal and California State income taxes

Employees and retirees who claim a domestic partner (and/or the partner's child or grandchild) as a dependent for income tax purposes will not be subject to imputed income for federal and California State tax purposes.

To make the necessary adjustments for tax reporting, each November UC HR/Benefits will mail form UPAY 886 (*Declaration of Tax Dependency*) to employees and retirees to complete and submit to their local Payroll Office. After the form is submitted, payroll records are adjusted and:

- the taxable gross on the employee's Form W-2 for the year will not include any imputed income for medical/dental 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
- excess income tax withheld is claimed when the employee files tax returns

Employees may be asked to submit proof of tax dependency.

##### California State income taxes only

Employees and retirees who have registered their domestic partnership with the State of California are not subject to imputed income for California income tax purposes whether or not the partner or partner's child/grandchild is their tax dependent. Imputed income for federal taxes will continue unless these family members are the employee's tax dependents. Also see "Tax Savings on Insurance Premiums (TIP)" on page 4.

To stop State income tax withholding, employees must complete and submit form UPAY 850 (*Enrollment, Change, Cancellation or Opt Out*). Retirees must complete and submit form UBEN 100 (*Retiree Continuation, Enrollment or Change*). Check the appropriate box in Section 2 and enter the date of registration with the State. Imputed income for California State taxes will stop on the first of the following month, subject to payroll deadlines.

Employees and retirees will not need to submit another form for California State tax purposes unless the domestic partnership ends.



## LEAVE POLICIES FOR EMPLOYEES

### Sick leave

#### Family illness

Employees may use a designated amount of accrued sick leave when required to be in attendance or to provide care because their opposite-sex or same-sex domestic partner or their partner's child is ill.

#### Bereavement

Employees may use accrued sick leave if their absence is required due to the death of their domestic partner or their partner's child.

For more details, see the applicable personnel policy or collective bargaining agreement (contract), available online at <http://atyourservice.ucop.edu>

### Family and medical leave

Employees may care for a domestic partner who is seriously ill under UC's family and medical leave policy.

For more details, see the applicable personnel policy or collective bargaining agreement (contract) available online at <http://atyourservice.ucop.edu>

## FOR MORE INFORMATION

### About UCRP survivor benefits

- UCRP summary plan descriptions
- *Retirement Handbook*
- *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Employees*
- *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Retirees*

### About health and welfare benefits

- *UC Group Insurance Eligibility Factsheet*
- *Your Group Insurance Plans*
- *Continuation of Group Insurance Coverage*

All the publications listed above are available

- Online at <http://atyourservice.ucop.edu>
- From local Benefits Offices
- From the UC Customer Service Center

### Questions?

Employees should direct any questions to their local Benefits Office.

Retirees should direct their questions to the UC Customer Service Center.

### UC Customer Service Center

Call 1-800-888-8267, Monday through Friday between 8:30 and 4:30 PT.



**DECLARATION OF DOMESTIC PARTNERSHIP**  
**UNIVERSITY OF CALIFORNIA**  
UBEN 250 (R10/06) University of California Human Resources and Benefits

Send completed form to:  
UC HR/Benefits Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570

UC 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.

Please see #1 on the reverse for information about **termination** of a domestic partnership.

**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.**

**EMPLOYEE/RETIREEE**

NAME (Last, First, Middle Initial) (please print)	SOCIAL SECURITY NUMBER
SIGNATURE	DATE

**DOMESTIC PARTNER**

NAME (Last, First, Middle Initial) (please print)	SOCIAL SECURITY NUMBER
SIGNATURE	DATE

RETN: Pending

**Please photocopy this form for your records.**

## 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 HR/Benefits 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 or domestic partner agrees to submit documentation supporting the domestic partnership at that time. 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 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 Associate Vice President—University of California Human Resources and Benefits, 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 1X, 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.

**TERMINATION OF DOMESTIC PARTNERSHIP**  
**UNIVERSITY OF CALIFORNIA**  
UBEN 253 (10/06) University of California Human Resources and Benefits

Send completed form to:  
UC HR/Benefits Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570

**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 or the UC Customer Service Center (1-800-888-8267).

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*) and submit it to your local Benefits or Payroll Office in accordance with local procedures.
- **RETIREEES:** Complete form UBEN 100 (*Retiree Continuation, Enrollment, or Change*) and submit it to the address shown on the form.

I, the undersigned, declare that my former partner \_\_\_\_\_  
Last name First MI

and I are no longer domestic partners. Our partnership ended on \_\_\_\_\_  
Date

<b>EMPLOYEE/RETIREE (Print and sign your name below)</b>	
NAME (Last, First, Middle Initial) (please print)	SOCIAL SECURITY NUMBER
SIGNATURE	DATE

RETN: Pending

**Please photocopy this form for your records.**

## **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 Associate Vice President—University of California Human Resources and Benefits, 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 1X, 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 and Benefits, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, 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 (1-800-888-8267). 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. Contact your Human Resources Office for more information.

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 Director of Diversity and Employee Programs, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Director of Academic Advancement, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.



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Human Resources and Benefits  
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