

TERMINATION OF DOMESTIC PARTNERSHIP

UNIVERSITY OF CALIFORNIA

UBEN 253 (7/10) University of California Human Resources

Send completed form to:
UC Human Resources
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.
- **retirees:** 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

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

RETN: Pending

Please photocopy this form for your records.

SEE REVERSE FOR PRIVACY NOTIFICATIONS

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 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.