

**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.

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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.