Los Angeles Unified School District
Benefits Administration
DEPENDENT CANCELLATION FORM

Employee Number / SSN	Last Name	First Name	MI

Address	City	State	Zip Code	Phone Number

Email Address	☐ Active ☐ Retiree	☐ Male ☐ Female ☐ Non-Binary	*Do Not Write In Shaded Boxes*	**Eff. Date**	**Process Date**	**Initials**

INELIGIBLE DEPENDENT INFORMATION*

Action	SSN	Last Name	First Name	MI	Relationship	Date of Birth	Gender	Eff. Date
☐ Delete					☐ Spouse ☐ Domestic Partner		☐ Male ☐ Female ☐ Non-Binary	
Reason:								
☐ Delete					(Son, Daughter, etc)		☐ Male ☐ Female ☐ Non-Binary	
Reason:								
☐ Delete					(Son, Daughter, etc)		☐ Male ☐ Female ☐ Non-Binary	
Reason:								
☐ Delete					(Son, Daughter, etc)		☐ Male ☐ Female ☐ Non-Binary	
Reason:								

*See next page for the District's definition of eligible dependents.

Coverage will be terminated as of November 30, 2026.

By signing this form, I attest that I have reviewed the Dependent Eligibility Rules and that the information I am submitting is true and accurate. I understand that knowingly providing false or misleading information in this form may result in any or all of the following actions by the District: terminating my employment and requiring me to reimburse the District for benefits and expenses.

_____ _____

Signature ***Date***

Complete and return this form (fax or email preferred) to:

Fax: (213) 241-4247
Email: benefits@lausd.net

Los Angeles Unified School District - Benefits Administration
P.O. Box 513307
Los Angeles, CA 90051-1307

DISTRICT DEFINITION OF ELIGIBLE DEPENDENTS

Spouse

Your lawfully married spouse. If you are divorced, your ex-spouse is **not** an eligible dependent.

Child(ren)

Your eligible child(ren) must be under the age* of 26 or be certified as disabled by their District-sponsored medical plan where they were continuously enrolled before age 26. Your eligible child(ren) include:

- biological child(ren)
- legally adopted child(ren)
- stepchild(ren) who live with you full time and are claimed on your income tax return
- any other child(ren) permanently living with you for whom you are the legal guardian in accordance with the laws of the state in which you reside
- court ordered child(ren)

* Retirees enrolled in Medicare Advantage Plans may cover dependent children up to age 19. To continue coverage between ages 19 and 25, child(ren) must be enrolled as a full-time student.

Domestic Partner

You and your partner may be of the same or opposite sex and both of you must meet the following criteria:

- Currently share a regular and principal residence for at least the past 12 months
- Be engaged in an exclusive committed relationship for mutual support and benefit to the same extent as married individuals
- Partnership is intended to last indefinitely
- Be jointly responsible for basic living expenses
- Neither be legally married to another person or have a signed declaration of domestic partnership with another individual in the previous 12 months
- Be at least 18 years old and mentally competent to consent to contract
- Be unrelated by blood to a degree of closeness that would prohibit marriage
- Be financially interdependent as proven by the required documentation