

State of Colorado

Affidavit of Common Law Marriage



INSTRUCTIONS
<p>The Common Law spouse of an eligible state employee may be eligible for medical and dental coverage. Employee benefits are governed in part by the State Benefit Plans section of the State Personnel Director's Administrative Procedures and other written directives. The following guidelines also apply.</p> <p>The employee and common law spouse both must complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures. A "Medical, Dental, Pretax Premium Enrollment Form" & "Change of Election Form" must be completed to add the common law spouse to existing coverage and to select a PCP.</p>

AFFIDAVIT
<p>Upon signing this form, we, the undersigned, attest to the following facts:</p> <ol style="list-style-type: none"> 1. I, _____, am currently a State of Colorado employee and _____, is my spouse who desires to be covered as an eligible dependent pursuant to the rules and procedures of the State of Colorado Department of Personnel & Administration. 2. We profess to be husband and wife and we hold ourselves out to the community as being married. 3. That we are eighteen years of age or older, or if between the ages of sixteen and eighteen, have obtained appropriate parental or guardian consent. 4. There is no legal impediment to our marriage, including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce. 5. We understand that this agreement can be terminated legally only through death or divorce.

EMPLOYEE AND SPOUSE INFORMATION	
We represent that the information contained herein is true and complete to the best of our knowledge, and that we are willing to provide supporting documentation, including a court order recognizing this as a legal marriage.	
Employee's Name (Please Print)	Spouse's Name (Please Print)
Employee's Social Security No.	Spouse's Social Security No.
Department / Agency Org ID.	Spouse's Signature
Employee's Signature	Date
Fraud It is unlawful for any employee, employee's dependent(s) or other individual(s) to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's group benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, statutes, and written directives.	

NOTARY		SEAL
Sworn to me this (Day / Month / Year)		
Notary Public	My Commission Expires	
Notary Public's Address		