



STATE OF IOWA EMPLOYEE HEALTH PLAN
Affidavit of Common Law Marriage
For Enrollment of Common Law Spouse

Instructions: The purpose of this affidavit is to establish that a Common Law Marriage exists for the sole reason of obtaining State of Iowa Healthcare Coverage. Employee benefits are governed in part by the State of Iowa eligibility provisions of the State of Iowa Healthcare Benefit Plans and the employee's collective bargaining agreement. The employee and common law spouse must both complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures. The complete, notarized affidavit along with the enrollment change forms must be completed and returned to the Human Resources Associate within 30 days of the date of hire or the date for the common law marriage, whichever is later, in order to add the common law spouse to the existing coverage. This form does not establish that a common law marriage exists as required by Iowa Code 595.11.

Affidavit

We, _____, and _____, being
(Print Name of Employee) (Print Name of Common Law Spouse)
duly sworn under oath, do declare that on or about the following date, _____, we
(Date)

have agreed to live as spouses, and that we have so lived and cohabited since that time and it is our intention to be married.

We declare that we publicly hold ourselves out to be each other's spouse and that neither of us have previously been married, or, if either of us has been previously married, said marriage has been terminated by death, annulment, or divorce.

We grant, to the State of Iowa, or its representative, permission to inquire of anyone who knows us as to our status and whether we have, in fact, held ourselves out to be each other's spouse since the date declared above.

We declare that we understand that a common law marriage is legally recognized as a marriage and must be terminated through a legal divorce.

We understand that further documentation may be required by the State before the State recognizes our Common Law Marriage.

We hereby certify that the above listed information is true and correct. We understand and agree that if the designated common law spouse is added to the State Employee Health Plan, the state employee will not be able to drop his or her spouse from coverage during the plan year unless there is a legal separation, final divorce decree, death, or other appropriate qualifying event with supporting documentation.

(Signature of Employee)

(Signature of Spouse)

Subscribed to and sworn to before me this _____ day of _____, 20____.

(Notary Public)

It is unlawful for any person 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 Iowa with regard to the application for benefits or claim for benefits. Penalties may include, but are not limited to, imprisonment, fines, civil damages, and/or denial or termination of enrollment in any or all of the State of Iowa's group benefit plans or programs.