

**COMMON-LAW SPOUSE DECLARATION**

I, \_\_\_\_\_, confirm that the person listed below is my common-law spouse as defined in the Group Insurance Benefits Contract, and that my relationship with this person has existed for a minimum of 12 months prior to the date of this declaration. This individual is the person I select to be covered for benefits as my spouse, and it replaces any other person designated as my spouse of any previous legal or common-law relationship.

Name of Common-Law Spouse: \_\_\_\_\_

Common-Law Spouse's Date of Birth: \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

The following lists the names and dates of birth of any common-law children to be covered for Benefits purposes under the terms of the benefits agreement:

<b><u>NAME</u></b>	<b><u>DATE OF BIRTH</u></b>
_____	_____
_____	_____
_____	_____
_____	_____

*Note: This form should only be used in states which recognize common-law marriages as being valid.*