

REQUEST FOR ENROLLMENT OF COMMON LAW SPOUSE

Please complete for consideration to be given to your request to provide coverage to a common law spouse. Return the completed form to your employer for processing.

Employee Name: _____

Identification Number: _____

AFFIDAVIT OF COMMON LAW MARRIAGE

You have requested that we consider _____ as a dependent "lawful spouse" for insurance and other benefit purposes under a common-law marriage relationship.

In order for us to determine if eligibility for insurance and other benefits exists, please answer the following questions and return the entire form to your employer. NOTE: If enrollment is accepted, and subsequent facts contradict the existence of a common law marriage, the insurance plan may look to you for a refund of all claims paid on behalf of the alleged common law spouse and his/her children and may pursue other legal remedies. Examples of contradictory facts would include later obtaining and filing a marriage license or claiming a new spouse without and intervening divorce.

1. Are you presented and known to friends, family, and throughout the community as husband and wife? Yes No

2. Are you living in a husband and wife relationship? Yes No.

If yes,

a. Indicate the date you entered into this marriage: _____ Month _____ Day _____ Year

b. In what State did you reside at that time? _____

3. Do you have a real property or titled personal property as husband and wife? Yes No

4. Did you file your last income tax return indicating that you were married? Yes No

If the answer is yes, please provide a copy of your last income tax return.

5. Do you have a written agreement of marriage? Yes No

If the answer is yes, attach a copy to this affidavit.

6. If you answered "NO" to numbers 3, 4, and 5 on this Affidavit, attach at least two documents in addition to others required in this Affidavit that you consider to be evidence of your common law marriage.

7. Are there any factors which would prevent the two of you from marrying, including but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce?

Yes No

If yes, please identify:

OTHER DEPENDENTS

8. The following children have been born to me and my lawful spouse and we hereby acknowledge such children to be our lawful issue and coverage is desired for these children as eligible dependents pursuant to the rules and regulations of the insurance plan.

Any person who knowingly and with intent to defraud or deceive the insurance plan, or give false, incomplete, or misleading information on this affidavit may be subject to any remedies available under law.

Name of Insured

Signature of Insured

Date

Name of Common Law Spouse

Signature of Common Law Spouse

Date