

DECLARATION OF COMMON LAW MARRIAGE

The George Washington University offers employee benefits to spouses in a common law marriage. A valid common law marriage must have been created while the husband and wife resided either in the District of Columbia or in a state where common law marriage is legally recognized. To request common law spousal benefits, please provide the following information:

I. Statement of Common Law Marriage

We, _____ and _____,
Employee (print) Spouse (print)

state that we are spouses in accordance with the criteria in Section II below and apply for eligibility in select employee benefit plans as exclusively determined by The George Washington University.

II. Certification of Common Law Marriage

- A. We agreed to be husband and wife at least six (6) months prior to the time benefits coverage is effective. At such time, we exchanged words in the present tense for the purpose of indicating our mutual consent to form a permanent and exclusive marital relationship at common law of husband and wife.
- B. We are at least 18 years of age and mentally competent to consent to a legally binding contract.
- C. At the time of and following our consent to marriage, we shared the same primary residence at _____
(Street Address City, State, Zip Code)
- D. Our current address is located at _____
(Street Address City, State, Zip Code)
- E. We are not of the same sex and neither one of us is legally married to any other individual and if previously married, each obtained a legal divorce or annulment or the former spouse is deceased.
- F. We are not related by blood to a degree of closeness which would prohibit ceremonial marriage in the state in which we legally reside.
- G. We are jointly responsible for each other's common welfare and share financial obligations.
- H. We mutually assumed all marital duties and obligations that attend ceremonial and common law marriages alike.
- I. We can and will, demonstrate our joint responsibility for each other's common welfare and financial obligations by providing proof of the existence, for a minimum of six (6) months preceding the execution of this declaration, of at least three of the following:
 - i. joint mortgage or lease or other written evidence of common residence, such as joint utility bills;
 - ii. joint checking account;
 - iii. joint credit account;
 - iv. joint ownership of motor vehicle;
 - v. designation of common law spouse as primary beneficiary in will;
 - vi. designation of common law spouse as primary beneficiary of life insurance policy or retirement plan funds;
 - vii. durable property or health care power of attorney;
 - viii. share the same surname

III. Termination of Common Law Marriage

- A. We understand and acknowledge that, consistent with state law, should we ever decide to dissolve this marriage, we must obtain either a divorce or annulment pursuant to state law. We agree to notify the University within 30 days of this change in our status. We understand that coverage for the former spouse of the University employee will terminate under the University's active employee health coverage on the last day of the month that eligibility for that coverage ceased. We understand and acknowledge that if we obtain a divorce, the spouse of a participant in a qualified retirement plan may be entitled to a portion of the participant's benefit.

B.I. _____, understand that a subsequent Declaration of

Employee (print)

Common Law Marriage cannot be filed until at least six (6) months after the date of the divorce or annulment terminating the commonlaw marriageestablishedby this Declaration.

IV. Financial Imications

- A. We understandandacknowledgethatour marriagemay have tax and otherlegal consequences .
- B. We understandandacknowledge that any benefits which a participant under a qualified retirement planshall be entitled toshall besubjectto spousal consentrequirementsand joint and survivor annuityrequirements if applicable, imposedon such plans underfederal law.
- C. We also understandthat, as a result of a false statement in this Declaration by eitherdeclarant, the University reservesthe right to take any andall actions necessary to recoversums for benefits to which a person was notentitled and to take disciplinary action up to and including terminationof employment .

V. Acknowledgement

We, _____ and _____, declare
Employee (print) Spouse (print)

underpenaltyof perjury thatthestatements above are trueandcorrect

Employee's Signature

Date

Employee's Social Sescurity Numer

Employee Date of Birth

Spouse's Signature Date

Spouse Date of Birth

Spouse's Social Security Number

Spouse's Date of Birth

Employee's/Spouse's Home Address

Received by GW Benefit Administration Department

Signature

Title

Date