

THIS SECTION MUST BE COMPLETED

Subscriber Member Number



HMO Colorado	Health Group Number Dental/Vision Group Number
An Anthem Company	Dental/vision Group Number
Affidavit of Common-law Marriage	Life Group Number
heck coverage that applies: Health Dental Vision Life	
Subscriber Name (First, Middle Initial, Last)	
Spouse Name (First, Middle Initial, Last) Home Address (Street)	
City	State Zip
I, the undersigned, verify and attest to the fact that the child(ren) listed belochild who is financially dependent upon myself. Name of Dependent (First, Middle Initial, Last) Name of Dependent (First, Middle Initial, Last)	ow, is/are eligible for coverage under the policy as an unmarried
	05.4559.445
COMMON-LAW MARRIAGE AFFIDAVIT We the undersigned, being of lawful age, attest to the following facts: We have lived together continuously, in Colorado, as husband and wife from	
can only be terminated by death or divorce. SUBSCRIBER	DATE
SIGNATURE	
SPOUSE SIGNATURE	DATE
	COLORADO ONLY

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.