

Affidavit of Common Law Marriage

The University of Denver offers employee benefits to spouses (opposite sex) in common law marriages. A valid common law marriage must have been created while the husband and wife resided in either the State of Colorado or 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, _____ (employee - print) and _____ (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 University of Denver.

II. Certification of Common Law Marriage

- A. We have agreed to be husband and wife at the time benefits coverage is to be effective. At such time, we have exchanged words in the present tense for the purpose of indicating our mutual consent to form a permanent and exclusive marital relationship as common law husband and wife.
- B. We are at least eighteen (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 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, upon request, demonstrate our joint responsibility for each other's common welfare and financial obligations by providing proof of the existence, at the time of the execution of this declaration, of at least three (3) 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 a 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 of Denver 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 benefits 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, _____ (employee - print), understand that a subsequent Affidavit of Common Law Marriage cannot be filed until legal documentation of a divorce or annulment pursuant to state law terminating the common law marriage established by this affidavit is provided.

IV. Financial Indications

- A. We understand and acknowledge that our marriage may have tax and other legal consequences.
- B. We understand and acknowledge that any benefits which a participant under a qualified retirement plan shall be entitled to shall be subject to spousal consent requirements and joint and survivor annuity requirements (if applicable) imposed on such plans under federal law.
- C. We also understand that, as a result of a false statement in this affidavit by either employee or spouse, the University reserves the right to take any and all action necessary to recover sums for benefits to which a person was not entitled and take disciplinary action up to and including termination of employment.

V. Acknowledgement

I affirm that the statements made above are true and complete to the best of my knowledge.

Signature of Employee

Signature of Common Law Spouse

DU/Banner ID #

Social Security #

Date

Date

Please see following page for notary requirement

Sworn to me this ____ day of _____, Year: _____

NOTARY PUBLIC

My Commission Expires _____, Year: _____

Signature of University Representative