



Declaration of Common Law Marriage & Request for Coverage of Common Law Spouse

(This Form is Valid Only in Those States That Recognize Common Law Marriages)

We, the undersigned, being of lawful age, attest to the following:

1. We have lived together continuously as common law husband and wife from _____ (date) to the present time and reside in the state of _____.
2. We declare ourselves to be married according to common law as of _____ (date including month, day, and year).
3. During this period we have professed to be husband and wife and we have held ourselves out to the community as being married.
4. We are eighteen (18) years of age or older or we are between the ages of sixteen (16) and eighteen (18) and parental or guardian consent is given below.
5. There is no legal impediment to our common law marriage, including but not limited to a prior marriage of either party that has not been legally terminated by death or divorce.
6. The first date that we filed taxes or will file taxes as married is for the _____ tax year.
7. We understand that a common law marriage can only be terminated by death or divorce.
8. The following children are our legal dependents for whom we are also requesting coverage as eligible dependents pursuant to the provisions of the Plan Document:

I agree to provide sufficient proof, if requested, which the Plan Administrator and Underwriter consider acceptable (such as a copy of my tax form) that my spouse and/or children qualify as dependents under my coverage.

Printed Enrollee's Name

Printed Spouse's Name

Enrollee's Signature

Spouse's Signature

Date

Date

Printed Name of Parent or Guardian of 16 to 18 year old Spouse

Signature of Parent or Guardian of 16 to 18 year old Spouse

Date

Signed before me on this _____ day of _____ in the year _____.

Notary Public

My commission expires on _____.

Enrollee Number

Group Name

Group Number