

AFFIDAVIT DECLARING DEPENDENTS AND COMMON-LAW MARRIAGE

STATE OF _____)
)
) SS
COUNTY OF _____)

1. I hereby declare that for the purposes of Group Policy/Plan No. _____ for _____ (Name of Employer) issued or administered by _____,

- (A) the term "spouse" shall mean _____, my common-law spouse; and
- (B) the term "children" shall mean:
 - (a) the dependent children of my common-law marriage to said spouse, if any; and
 - (b) the children born of my common-law marriage to said spouse, if any; and
 - (c) my children which were born prior to my common-law marriage to said spouse, if any.

2. I hereby certify that _____ (dependent spouse) is my common-law spouse pursuant to the laws of the state of _____ and that:

(A) We have lived together as husband and wife from _____, _____ to the present.

We have professed to be husband and wife, and we have held ourselves out to the community in which we live as being married during that time.

(B) We hereby publicly acknowledge that we are married by common-law and that both of us consent to and agree to be husband and wife and assume all the legal responsibilities and duties of lawfully married persons.

(C) Our relatives, friends, neighbors, and acquaintances generally consider us to be husband and wife at the present time.

(D) Neither of us is married to any other person, nor is there any other legal reason why we cannot be married to each other.

(E) If either of us have previously been married to any other person, that said prior marriage has been fully terminated by a divorce decree dissolving the said prior marriage.

(F) The following children are dependent upon the Employee for financial support, and qualify as dependents under the terms of the Plan, Contract or Booklet/Certificate issued under the terms of the Plan, and the Employee is entitled to claim a deduction on his/her Federal Income Tax Return for each of the following children:

Name Date of Birth

Name Date of Birth

Name Date of Birth

We hereby swear that to the best of our knowledge and belief, all information shown above is correct and complete. We understand that:

- (1) this Affidavit is not an application for coverage under the Group Policy/Plan sponsored by the Employer.
- (2) the purpose of this Affidavit is to verify the existence of a common-law marriage and the status of dependents.
- (3) completion of this Affidavit does not guarantee the eligibility of such dependents under the group Policy/Plan sponsored by the Employer.
- (4) the eligibility and coverage for such dependents will be determined in accordance with the terms and conditions of the Employer's Group Policy/Plan.

Dated at _____ this _____ day of _____, 20_____.

Signature of Employee

Signature of Spouse

Address

Address

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me, a Notary Public, within and for said County and State, personally appeared _____

_____ known to me to be the persons who are described in the within and foregoing instrument, and acknowledged to me that they executed the same as their free act and deed.

Notary Public

My Commission expires: _____