



AFFIDAVIT OF COMMON LAW MARRIAGE

INSTRUCTIONS:

Please make and retain a copy of this form. Submit the original, along with the Common Law Request/Recommendation Form and supporting documentation to: Medical Network, 2420 E. Pikes Peak Ave., Suite 144, Colorado Springs, CO 80909.

The employee and common law spouse both must complete and sign the Affidavit of Common Law Marriage, a notary must witness both signatures, and the completed Common Law Request/Recommendation Form.

AFFIDAVIT OF COMMON LAW MARRIAGE:

Upon signing this form, we, the undersigned, attest to the following facts:

- I, _____, am currently a _____ employee and _____, is my spouse who desires to be covered as an eligible dependent pursuant to the rules and procedures of the Plan Administrator or their designee.
- We profess to be husband and wife and we hold ourselves out to the community as being married.
- We affirm that the answers provided in the Common Law Request/Recommendation Form, which is attached to this Affidavit of Common Law Marriage, is true and accurate.
- We are not related by blood or marriage to a degree of closeness that would prohibit legal marriage in the state in which we reside.
- Neither party is in the relationship for the purpose of obtaining benefits.
- That we are eighteen years of age or older, or if between the ages of sixteen and eighteen, have obtained appropriate parental or guardian consent.
- There is no legal impediment to our marriage, including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce.
- We understand that this agreement can be terminated legally only through death or divorce.

We represent that the information contained herein is true and complete to the best of our knowledge, and that we are willing to provide supporting documentation.

EMPLOYEE AND SPOUSE INFORMATION:

Employee Name (please print):	Spouse's Name (please print):
Employee Social Security No:	Spouse's Social Security No:
Employer:	Spouse's Signature:
Employee's signature:	Date:
Date:	

FRAUD:

It is unlawful for any employee, employee's dependent(s) or other individual(s) to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the Plan with regards to the application for benefits or claim for benefits. Penalties may include, but are not limited to denial of enrollment in any or all of the employer group's benefit plans, civil damages, termination of enrollment in any or all of the employer group's benefit plans, or as provided in regulations, statutes, and written directives.

NOTARY:

State of _____ County of _____

On _____, before me personally appeared _____ and _____ personally known to me, or _____ provided to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledge to me that they executed the same in his/her authorized capacity, and that by their signature on the instrument is the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

Notary Signature: _____

Commission Expires: _____