



Common Law Request/Recommendation Form

Employee Name: _____ SS# _____

Employer: _____ Group#: _____

Your Employer (_____) defines "Spouse" under the health care plans as follows: Spouse is defined as the Employee's spouse, by ceremony recognized at civil law or pursuant to common-law. A common-law Spouse must (a) not be related to the Employee by blood to a degree which would prohibit a legal marriage in the state of Colorado, (b) complete this form with supporting documents as denoted below and deliver an Affidavit of Common Law Marriage in such form and satisfying such conditions as required by the Plan Administrator in order to permit the Plan Administrator to conclude the person satisfies the requirements to constitute a common law Spouse. Spouse shall not include persons who are legally married, but are separated under a permanent decree of separation.

In order to establish the eligibility of a common law spouse to receive health care benefits offered by your employer, answer the following questions, as well as complete the Affidavit of Common Law Marriage. Submit documentation that would verify any questions in which you have answered "YES" (denoted with **).

CIRCLE ONE

Have you consented to be husband and wife?	YES	NO
Are you both in a situation that permits you to celebrate a ceremonial marriage? (divorced or not married)	YES	NO
Are you considered by co-workers, neighbors, and friends to be husband and wife?	YES	NO
Do you live in the same house?	YES	NO
If rented, does lease include both names? **	YES	NO
If owned, does mortgage or title show both names? **	YES	NO
How long have you lived together? Answer:		
Have any children been born to you and your spouse?	YES	NO
What last name do the children use?		
Do you receive any mail addressed to Mr. & Mrs. _____ ?	YES	NO
Or to Mrs. _____ ?	YES	NO
Is either of you the beneficiary of the other on a life insurance policy and/or retirement plan(s)?	YES	NO
Do you have a joint bank account? **	YES	NO
Do you have joint ownership of a motor vehicle or credit card account **	YES	NO
Do you list this person as husband/wife on your employment records?	YES	NO
What filing status have you elected on your Federal Income Tax Returns for the last two years? ** (married, single, head of household) Answer:		
** denotes that supporting documentation must be included with the submittal of this form.		

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Do you have any other evidence to establish your intent to be husband and wife? If so, explain and/or produce relevant documents. Explanation: _____

We, the undersigned, certify that the answers given to all the questions above are true and correctly represent our marital relationship. We acknowledge that the answers made in this document may admit to a common law marriage that can only be dissolved by a court.

Employee's Signature

Common Law Spouse's Signature

Date: _____

Date: _____

Send completed form, along with supporting documentation **and** notarized Affidavit of Common Law marriage to:

Medical Network
P.O. Box 828, Colorado Springs, CO 80901
Phone 719-365-6617 Fax 719-365-5004