

AFFIDAVIT OF COMMON LAW MARRIAGE

State Of Kansas Health Plan Request for Enrollment of Common Law Spouse

You are requesting that we consider the common law spouse that you list below as a dependent for insurance purposes under a common law marriage relationship. In order for us to determine if eligibility for insurance exists, and whether you are eligible to change your enrollment during the plan year, the following questions must be answered and returned to your human resource or insurance contact person before your request can be reviewed.

Any person who knowingly and with intent to defraud or deceive the State of Kansas gives false, incomplete or misleading information on this affidavit may be subject to any remedies available under law.

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| I. The following questions are to be completed by the employee: |
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1. Your name _____ Social Security Number _____
2. Common Law Spouse's name _____
Common Law Spouse's Social Security Number _____
3. Are you presented and known throughout your community as husband and wife? Yes No
4. Are you living in a husband and wife relationship? Yes No **If yes,**
 - a. Indicate the date you entered into your common law marriage _____
(month/day/year)
 - b. If yes, in what state did you reside on that date? _____
5. Do you have real property or titled personal property as husband and wife? Yes No
If you answered yes, please provide a copy of the auto registration or title, deed or property tax statement.
6. Did you file your last income tax return indicating that you were married? Yes No
If your answer is yes, please provide a copy of your last income tax return.
7. Do you have joint checking and/or savings accounts? Yes No
If the answer is yes, please provide a copy of your financial statement.
8. Are there any factors which would prevent the two of you from marrying, including but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce?
Yes No If yes, what factor? _____

9. The following children have been born to my lawful spouse or me and we hereby acknowledge such children to be our lawful issue (list names and birth dates).

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

10. The following children have been born to my lawful spouse (list names and birth dates).

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

11. Coverage is desired for the above children as eligible dependents pursuant to the rules and regulations of the State of Kansas. Yes No

I hereby certify that the above listed information is true and correct. I understand and agree that if my common law spouse is added to the Health Plan, that I will be unable to drop my spouse from coverage during the plan year unless there is a legal separation or final divorce decree with supporting court documentation.

Name of Employee (please print)

Signature of Employee

Date

Subscribed and sworn to before me this _____ day of _____ 20____

_____ My commission expires _____ 20____

(SEAL)

