

## Affidavit of Common Law Marriage

The common law spouse of an eligible participant may be eligible for insurance benefits. The insurance benefits are governed by the INTEGRIS Health Plan.

The following guidelines also apply:

The participant and common law spouse both must complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures and an enrollment or change form must be completed to add the common law spouse to existing coverage and it must be submitted with the required documentation.

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

1. I, \_\_\_\_\_, am currently an eligible participant, and \_\_\_\_\_, is my spouse who desires to be covered as an eligible dependent as described in the INTEGRIS Health Plan Description;
2. We live and have lived together in the State/Commonwealth of \_\_\_\_\_ as husband and wife under the common law marriage laws of that state since \_\_\_\_\_  
(Month, Day, Year)
3. We hold ourselves out to the community as being married.
4. We do not enter this relationship solely for the purpose of obtaining benefits.
5. We are eighteen years of age or older, or if between the ages of sixteen and eighteen, have obtained appropriate parental or guardian consent.
6. There is no legal impediment to our marriage. A legal impediment includes, but is not limited to, a prior marriage of either party that has not been legally terminated by death or divorce or the parties are closely related and would be prohibited under state law from marrying.
7. We file or could legally file tax returns as a married couple.
8. We understand that our marriage is valid for all purposes and can be terminated legally only through death or divorce.
9. We represent that the information contained herein is true to the best of our knowledge, and that, if requested; we are willing to provide verification of the information contained in this Affidavit.

Employee Name (Please Print) \_\_\_\_\_ Spouse Name (Please Print) \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_  
Date \_\_\_\_\_

(To be completed by Notary Public)

State of \_\_\_\_\_  
County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date

**Fraud:** It is unlawful for a participant or 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 documentation for the purpose of defrauding or attempting to defraud INTEGRIS Health with regards to the application for benefits or claim for benefits.

## COMMON LAW MARRIAGE DOCUMENTS

Submit ***two*** of the following:

Copy of Proof of Joint Ownership (must be dated within the last six months and include both the caregivers and spouse's names). For example, lease/mortgage statement, bank/credit card statement, utility bill, vehicle loan, etc.

**DEADLINE: Your deadline is 30 days from your hire date, or, if change is due to a change in Family or Job status, deadline is 30 days from the qualifying event. If change is due to open enrollment, deadline is last day of open enrollment.** Failure to submit the required documentation by the deadline will result in your dependents being removed from all INTEGRIS Health benefit plans.

Please complete as applicable, attach copies of supporting documentation, and upload to the benefit enrollment system by logging into [www.integrishhealthbenefits.com](http://www.integrishhealthbenefits.com) and clicking on "Upload Verification Document". *Please keep a copy of this affidavit for your records.*