

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 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*** items listed below with the completed affidavit:

- Joint income tax returns
- Joint financial accounts and credit cards (dated within the prior two months of your benefits eligibility)
- Jointly held assets or debts (a home, car, mortgage, other loans)
- Life insurance policies and retirement or pension plans that list the common-law spouse as a beneficiary
- Medical records which list the common-law spouse as next of kin

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 and attach copies of supporting documentation to this worksheet, or electronically, and mail to INTEGRIS Health Human Resources at the address below. *Please keep a copy of this affidavit for your records.*

INTEGRIS Health Human Resources
3520 NW 58th St Suite A-100
Oklahoma City, Oklahoma 73112
Scan and Email: BenefitForms@integrisok.com
Fax 405-979-8343

(Form must be returned by the appropriate deadline. New hire – enrollment deadline, Life Event – 30 days from date of life event, Open Enrollment – last day of open enrollment)