

Certifying A Common-Law Spouse AFFIDAVIT



PLEASE PRINT OR TYPE:

SUBSCRIBER: By signing this affidavit certifying a common-law spouse, you are stating, under penalty or perjury, that you and your common-law spouse are eligible for coverage because you meet the following conditions.

- | | Yes | No | Both parties
Please initial: | |
|--|--------------------------|--------------------------|---------------------------------|-------|
| • Have you been living together continuously for the past two (2) years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Are you eligible for legal marriage, without emancipation? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Have you ever been married? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Have you ever been divorced? (If yes, must provide divorce decree) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

SUBSCRIBER INFORMATION

Last Name	First Name	M.I.	Age	Date of Birth / /	Sex
Social Security Number - -	Home Address				
Home Phone () -	Work Phone () -	Employer			

SPOUSE INFORMATION

Last Name	First Name	M.I.	Age	Date of Birth / /	Sex
Social Security Number - -	Home Address				
Home Phone () -	Work Phone () -	Employer			

By signing below, you and your spouse certify that all of the information provided is true and correct. You understand that any misinterpretation may be grounds for denial of coverage, recovery of benefits already paid or other action(s) deemed necessary by StayWell as a result of the extension of health insurance coverage.

SUBSCRIBER'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

Subscribed and sworn before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires on _____