



**AFFIDAVIT DECLARING COMMON-LAW MARRIAGE AND DEPENDENTS
Declaration/Termination Form**

INSTRUCTIONS

1. Complete this form if you want to declare or terminate a common-law marriage and name a dependent.
2. The termination of a common-law marriage must be declared to University of Colorado Medicine within thirty-one (31) days of such termination and a divorce decree or a legal separation decree must be submitted.
3. Review, SIGN and Date the backside of this form.

EMPLOYEE INFORMATION

Name (Last) _____ (First) _____ (Middle Initial) _____

Date of Birth (mm/dd/yyyy) _____ Date of Employment _____

ENROLLMENT TYPE

Declaring Common-Law Marriage Effective Date _____

DECLARATION OF COMMON-LAW MARRIAGE

We, the undersigned, being of lawful age, attest to the following facts:

I, _____, an employee of the University of Colorado Medicine and
(Employee Name)

_____, hereby declare that:
(Common-Law Marriage Partner's Name)

1. We have lived together continuously as husband and wife from _____, 20____ to the present time in the State of _____ . During this period, we have professed to be husband and wife and we have held ourselves out to the community as being married.
2. We hereby publicly acknowledge that we are married by common-law and that both of us consent to and agree to be husband and wife and assume all the legal responsibilities and duties of lawfully married persons.
3. There is no legal impediment to our marriage including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce.
4. We each certify that _____ (dependent spouse) is the Employee's common-law spouse pursuant to the laws of the State of Colorado.
5. We have submitted the required documentation.
6. The following named children are dependent upon the Employee or Spouse for financial support and qualify as Dependents under the terms of the Plan, Contract or Booklet/Certificate issued under the terms of the Plan, and the Employee is entitled to claim a deduction on his/her Federal Income Tax Return for each of the following children:

Name: _____ SS Number: _____ Date of Birth: _____
