

Mail this Affidavit <u>and</u> supporting documents to: BCBSRI, Attn: Individual Sales Department, 500 Exchange Street, Providence, RI 02903.

AFFIDAVIT OF COMMON LAW MARRIAGE

Employee Name

Common Law Spouse Name

Group Name ("GROUP")(if applicable)

- 1. <u>Eligibility Certification</u>. By signing below, we hereby certify that we meet the following eligibility criteria:
 - a. We are at least eighteen (18) years of age and are mentally competent to contract.
 - b. Neither of us is married to anyone else.
 - c. We are not related by blood to a degree which would prohibit marriage in our state of legal residence.
 - d. We reside together and have resided together for at least <u>one</u> (1) year.
 - e. We are financially interdependent and can demonstrate such interdependence by submitting the Required Documentation listed in paragraph 2 of this Affidavit.
- 2. <u>Required Documentation</u>. We have included documentation to substantiate <u>two</u> (2) of the following items (check applicable items):
 - □ Most recent signed Federal Tax Form indicating we are married. (Black out financial information and do not include any schedules.)
 - □ Notarized Common Law Marriage Agreement or Relationship Contract.
 - \Box Joint mortgage or joint ownership of primary residence.
 - \Box Joint ownership of vehicle.
 - □ Joint lease. <u>Must be dated one (1) year prior to the request for coverage</u>.
 - \Box Joint checking, savings or credit account. <u>Must be dated one (1) year prior</u> to the request for coverage.
 - \Box The spouse has been designated as a beneficiary for the employee's will, retirement contract or life insurance. <u>Must be dated one (1) year prior to the request for coverage</u>.
- **3.** <u>Notice of Changes</u>. We agree to notify the GROUP if the status of this relationship changes, including termination of the relationship or our failure to meet any of the criteria outlined in paragraph 1 of this Affidavit, no later than 30 days from the date of such change.
- 4. <u>Penalties for Misrepresentation</u>. We affirm the statements attested to in this Affidavit are true and correct to the best of our knowledge. We understand that we are responsible for reimbursing the GROUP and/or BCBSRI for any expenses incurred as a result of any false or misleading statement contained in this Affidavit, including but not limited to reimbursement for premiums and amounts paid in claims.

Under penalties of perjury, we certify that the foregoing representations are true, correct, and complete.

Employee Signature

Common Law Spouse Signature

Employee Name (Print)

Common Law Spouse Name (Print)