

Affidavit of Common Law Marriage

Instructions

A common law spouse of an eligible CSU employee is eligible for medical, dental, vision and life insurance coverage as a dependent. Employee benefits are governed in part by the CSU eligibility provisions of the CSU Benefits Plan (Cost Share) and other governing documents including the Faculty and Admin Pro Privileges and Benefits Summary and HR Manual, and other written directives. The following guidelines also apply.

The employee and common law spouse both must complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures. The completed, notarized affidavit along with enrollment change forms, must be completed and returned to Human Resources within 30 days of the date of hire or the date of the common law marriage, whichever is later, in order to add the common law spouse to existing coverage.

Affidavit

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

- I, _____, am currently a benefits eligible Colorado State University employee and _____, is my spouse who desires to be covered as an eligible dependent pursuant to the rules and procedures of the Colorado State University Benefit Plans;
- We have lived together continuously, in Colorado, as husband and wife from _____ to present; (Beginning Date)
- We hold ourselves out to the community as husband and wife, consent to the marriage, cohabit and have the reputation in the community as being husband and wife;
- We are eighteen years of age or older, or if between the ages of sixteen and eighteen, have obtained appropriate parental or guardian consent;
- 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, the parties are the same sex, or the parties are closely related and would be prohibited under state law from marrying;
- We understand that a common law marriage in the State of Colorado, is valid for all purposes, the same as a ceremonial or civil marriage and can only be terminated by death or divorce.

Acknowledgements

We represent that the information contained herein is true and complete to the best of our knowledge, and we are willing to provide supporting documentation, including a court order recognizing this as a legal marriage.

Employee's Name (please print)		Spouse's Name (please print)	
Employee's Social Security Number		Spouse's Social Security Number	
Employee's Signature	Date	Spouse's Signature	Date

It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the CSU's group benefit plans, civil damages, termination of enrollment in any or all of the CSU's group benefit programs, or as provided in regulations, policies, and written directives.



Notary

Seal

IN WITNESS WHEREOF, I have executed the Affidavit on this _____ day of _____, 20_____.

The foregoing Affidavit was subscribed and sworn to before me in the County of _____,

State of _____, this _____ day of _____, 20_____.

My Commission Expires: _____

(Notary Public)