



**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 the University of Colorado 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)	HRMS Employee ID Number
Date of Birth (mm/dd/yyyy)		Date of Employment	Campus Department
			Campus Telephone

**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/retiree of the University of Colorado, 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:

---



---



---

7. We hereby agree to provide, if requested, to either the University of Colorado or to the health plan(s) selected, proof acceptable to each that the herein spouse or child(ren) qualify as a Dependent under my coverage. This proof may include, but is not limited to, a copy of the Employee's Federal Income Tax Return, legal adoption or legal guardianship papers.
8. We understand this Affidavit is binding and we can only make changes to the University of Colorado health plan(s) during the annual open enrollment or within 31 days of a divorce decree, legal separation decree or death.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Common-Law Spouse's Signature

\_\_\_\_\_  
Common-Law Spouse's Printed Name

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_)

) ss

COUNTY OF \_\_\_\_\_)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ and \_\_\_\_\_.

Witness my hand and official seal.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

#### How to Return Your Form

##### By Mail

Make a copy for your records and send the original to:

University of Colorado  
EMPLOYEE SERVICES  
1800 Grant Street, Suite 400  
Denver, CO 80203

##### By Fax

303-860-4299

Keep a copy of the fax transmission report with your form for your records.

##### In Person

Bring your completed original form and a copy for your records to ES. The Administrative Center (Front Desk), will date stamp both your original form and your copy. ES will keep the original.