



Affidavit Declaring Common-Law Marriage and Dependents Declaration Form

Instructions

- Complete this form if you want to declare a common-law marriage and name a dependent.
- 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.
- Review, sign and date page two of this form.

Employee information

Employee ID Number – REQUIRED

Name (Last)

(First)

(Middle Initial)

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 Full Name) (Spouse's Full Name)
hereby declare that:

1. We have lived together continuously as spouses from _____, _____ to the present time in the State of _____. During this period, we have professed to be spouses, 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 spouses 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 _____ (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 their 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. 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.

Signing and notarization (print and complete in the presence of a notary)

Employee Signature	Employee Printed Name	Date
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Spouse's Signature	Spouse's Printed Name	Date
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STATE OF _____ COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____ by

and _____.

Witness my hand and official seal.

Notary Public

Commission Expiration

How to return your form

BY MAIL	BY FAX (secured)	IN PERSON
Make a copy for your records and send the original to: University of Colorado EMPLOYEE SERVICES 1800 Grant Street, Suite 400 Denver, CO 80203	303-860-4299 Keep a copy of the fax transmission report with your form for your records. BY EMAIL (non-secured) benefits@cu.edu	Bring your completed original form and a copy for your records to Employee Services. The Administrative Center (Front Desk), will date stamp both your original form and your copy. Employee Services will keep the original. Note: Please call Employee Services before attempting to drop off documents in person.