Anthem HMO Colorado
An Anthem Company

Anthem Life

THIS SECTION MUST BE COMPLETED

Subscriber Member Number

Health Group Number

Dental/Vision Group Number

Life Group Number

Affidavit of Common-law Marriage

Check coverage that applies: ☐ **Health** ☐ **Dental** ☐ **Vision** ☐ **Life**

Subscriber Name (First, Middle Initial, Last)

Spouse Name (First, Middle Initial, Last)

Home Address (Street)

City **State** **Zip**

List all current children of the Common-law Marriage

I, the undersigned, verify and attest to the fact that the child(ren) listed below, is/are eligible for coverage under the policy as an unmarried child who is financially dependent upon myself.

Name of Dependent (First, Middle Initial, Last)

Name of Dependent (First, Middle Initial, Last)

Name of Dependent (First, Middle Initial, Last)

Name of Dependent (First, Middle Initial, Last)

COMMON-LAW MARRIAGE AFFIDAVIT

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

- We have lived together continuously, in Colorado, as husband and wife from ☐☐-☐☐-☐☐☐☐ to the present.
- We are free to contract a valid ceremonial marriage, i.e., are not already married to someone else.
- We hold ourselves out as husband and wife, consent to the marriage, cohabit and have the reputation in the community as being husband and wife.
- We understand that a common-law marriage, in the state of Colorado, is valid for all purposes, the same as a ceremonial marriage, and can only be terminated by death or divorce.

SUBSCRIBER SIGNATURE	**DATE**
SPOUSE SIGNATURE	**DATE**

COLORADO ONLY

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

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