

# REQUEST FOR ENROLLMENT OF COMMON-LAW SPOUSE



Please be advised the State of Colorado views common-law marriage as a legal institution. Therefore, termination of common-law marriage can only be accomplished through a court of law.

Submitting fraudulent information on this application may result in the termination of membership from Kaiser Permanente for the subscriber and all members of the family unit.

## AFFIDAVIT OF COMMON-LAW MARRIAGE

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

1. We have lived together continuously as husband and wife from \_\_\_\_, 20\_\_ to the present time, in the State of \_\_\_\_\_.
2. During this period we have professed to be husband and wife and we have held ourselves out to the community as being married.
3. For marriages entered into **on or after September 1, 2006**: at the time the marriage was entered into each party was eighteen (18) years of age or older.
4. For marriages entered into **prior to September 1, 2006**: (a) at the time the marriage was entered into each party was eighteen (18) years of age or older or, (b) if each party was between the ages of sixteen (16) and eighteen (18), each party obtained appropriate parental or guardian consent.
5. 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.
6. The following children have been born to us and we hereby acknowledge such children to be our lawful issue:

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

7. The following children are my dependents or those of my common-law spouse:

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Name Date of Birth (MM-DD-YYYY)

and coverage is desired for these children as eligible dependents pursuant to the terms of the *Evidence of Coverage (EOC)* or *Individual Membership Agreement (Membership Agreement)*, whichever applies.

I agree to provide Kaiser Foundation Health Plan of Colorado proof, if requested, which it considers acceptable (such as a copy of my income tax form, legal adoption, or legal guardianship papers) that my spouse or child qualifies as a Dependent under my coverage.

\_\_\_\_\_  
Name of Subscriber - *Please print*

\_\_\_\_\_  
Signature of Subscriber Date

\_\_\_\_\_  
Name of Spouse - *Please print*

\_\_\_\_\_  
Signature of Spouse Date

The foregoing Affidavit of Common Law Marriage was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Notary commission expires \_\_\_\_\_, 20\_\_\_\_\_.