

AFFIDAVIT OF COMMON-LAW MARRIAGE

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

1. We have live together continuously as husband and wife from _____, 19____ 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. That we are eighteen (18) years of age or older or, if between the ages of sixteen (16) and eighteen (18), have obtained appropriate parental or guardian consent.
4. 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.
5. The following children have been born to us and we hereby acknowledge such children to be our lawful issue:

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

and coverage is desired for these children as eligible dependents pursuant to the terms of the Group Hospital and Medical Service Agreement or Individual 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

Sworn to before me this _____ day of _____, 19____

Notary Public

Notary commission expires _____, 19____