



**University of Colorado School of Medicine
Office of Graduate Medical Education**

Mailstop C293
13001 East 17th Place Room N4223
Aurora CO 80045

AFFIDAVIT DECLARING COMMON-LAW MARRIAGE AND DEPENDENTS

CU GME RESIDENT/FELLOW

Name: _____ Date of Birth: ____/____/____
Last First MI mm dd yyyy

Address: _____ SSN Last 4 Digits: ____ _ __ _
Street City State Zip

Training Program: _____ Day/Cell Phone: (____) _____

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

I, _____, a CU GME resident, and
Resident’s name

_____, hereby declare that:
Common-Law Marriage Spouse’s Name

1. We have lived together continuously as spouses from _____, 20____ 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 are both 18 years of age or older.
3. 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.
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. We understand and acknowledged that once formed, a common-law marriage can be terminated only by death or legal dissolution (divorce).
6. We each certify that _____ (spouse’s name) is the resident’s common-law spouse pursuant to the laws of the State of Colorado.
7. _____ (resident’s name) is currently an eligible member and is covered by the CU GME Health Plan, and _____ (spouse’s name) is the lawful spouse who desires to be covered as an eligible dependent pursuant to Plan provisions.

8. The following named children are hereby acknowledged to be lawful issue of resident or spouse:

Name:

SS Number:

Date of Birth:

9. We hereby agree to provide, if requested, to the Health Plan proof acceptable that the herein named spouse or child(ren) qualify as a dependent per Plan provisions. This proof may include, but is not limited to, a copy of the resident’s federal income tax return, legal adoption or legal guardianship papers.

10. We understand and acknowledge that in order to request enrollment of the common-law spouse and/or child(ren) referenced in this affidavit, Enrollment & Change Form, completed affidavit, and any other supporting documentation must be submitted during open enrollment or within 31 days of a qualifying event.

11. We understand we are required to notify the CU GME Benefits Office within 31 days in the event of a common-law marriage status change such as legal separation or divorce by submission of an updated Enrollment & Change form and copy of documentation, such as divorce decree. We further understand that termination of health and dental coverage obtained as a result of this affidavit will be effective on the date of the termination documentation or at such time as coverage terminates in accordance with CU GME Health/Dental Benefits Plan provisions.

12. We affirm that the assertions made herein are true and correct to the best of our knowledge.

_____	_____	_____
CU GME Resident’s signature	Printed Name	Date

_____	_____	_____
Common-Law Marriage Spouse’s signature	Printed Name	Date

STATE OF _____

COUNTY OF _____

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

_____ and _____

Witness my hand and official seal.

My commission expires _____.

Notary Public

Document submission: Remember to keep a copy for your records.

Scan and email: joseph.lafond@cuanschutz.edu. By mail: CU GME Benefits Office; Mailstop C293; 13001 E. 17th Place; Aurora, CO 80045. By fax: 303-724-6034 Attention GME Benefits Office. Keep a copy of the fax verification report with your copies for your records. In person: GME Benefits Office, 13001 E. 17th Place (Building 500) Room N4223.