

AFFIDAVIT OF COMMON-LAW MARRIAGE

This Affidavit must be submitted to and approved by the Plan Administrator to qualify a common-law spouse as an eligible dependent under the OPEH&W Plan.

Employee Name (Please Print)

Common-Law Spouse Name (Please Print)

Employee SS#

Common-Law Spouse SS#

We declare that the common-law spouse named above is entitled to the rights of a spouse under the Oklahoma Public Employees Health and Welfare Plan ("Plan") and other employee benefit plans maintained by the Oklahoma Public Employees Health and Welfare Trust ("Trust"). In addition, we further declare that we meet the following criteria of common-law marriage.

1. We currently share a residence and have done so for at least 12 months and we hold ourselves out to the community as being married. *(Check all below that apply.)*
 - We filed a federal income tax return last year as married, filing jointly, or as married, filing separately. *(Please provide a copy of last year's federal tax filing. You may remove income information.)*
 - My common-law spouse is named as a beneficiary of my will, life insurance, or similar benefits. *(Please provide a copy of a beneficiary designation.)*
 - We own real estate as "joint tenants." *(Please provide a copy of a mortgage or deed.)*
 - We have titled personal property in both our names (*i.e.*, car, mobile home, boat, etc.). *(Please provide a copy of title or registration.)*
 - We have joint checking and/or savings account(s). *(Please provide a copy of a recent bank statement.)*
 - We have other documentation that we hold ourselves out to the public as being Married. *(Please provide a copy of the document.)*
2. We are 18 years of age or older and old enough to enter into marriage according to the law of the State in which we resided at the time we entered into the common-law marriage.
3. We are not married to any other individual, and, if previously married, the prior marriage was legally terminated by divorce, annulment, or the former spouse is deceased.
4. This marriage began on approximately _____ (*date*) while both of us had legal residence in the State of _____ (*state*).

We have been advised to consult with an attorney regarding the possibility that the filing of this Affidavit may have other legal and financial consequences, including the fact that it does lead a court to treat this relationship as the equivalent of a legal marriage and that this marriage may only be dissolved by divorce or other legal process.

We further agree to indemnify the Trust for any expenses or liabilities it incurs as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this declaration or in any of the information that we have represented to the Plan Administrator.

We understand that if false information is submitted in this Affidavit that the Plan may recover any benefits improperly paid and that the Trust or any person that suffers any loss due to the false statement may bring a civil action to recover such losses. In addition, we understand that providing false statements, or concealing important facts, can be considered a violation of the law and may be punishable by a fine, imprisonment, or both.

We affirm, under penalties of perjury, that the assertions in this Affidavit are true and correct to the best of our knowledge and belief.

Signed: _____
Employee Signature

STATE OF _____
COUNTY OF _____

Sworn to before me, a notary public, by said _____, personally known to me
on this _____ day of _____, 20__.

Notary Public

My Commission Expires:

_____ No . _____ {Seal}

Signed: _____
Common-Law Spouse Signature

STATE OF _____
COUNTY OF _____

Sworn to before me, a notary public, by said _____, personally known to me
on this _____ day of _____, 20__.

Notary Public

My Commission Expires:

_____ No . _____ {Seal}

AFFIDAVIT APPROVED BY: _____ -- _____
Plan Administrator Date