

## **Total Rewards- Benefits Team**

Contact: <u>Service Depot ticket</u> to **HR/Payroll** (select **Benefits** as your **Type of request**)

## **Affidavit: Common-Law Spouse**

The State of Colorado considers Common-Law Marriage a legal institution. Therefore, termination of a Common-Law Marriage can only be accomplished through a court of law. A Common-Law Spouse of a City of Boulder employee will be considered for enrollment to city-sponsored medical, dental, vision, and/or life insurance plans after completion of this Affidavit.

Please complete the Affidavit below and submit it with a <u>Service Depot ticket</u> to **HR/Payroll** (select **Benefits** as your **Type of request**).

Section 1: Affidavit of Common-Law Marriage		
We, the undersigned, being of lawful age, attest to the following facts:		
1. We have been living together continuously as spouses from (MONTH), (YEAR) to the present in the State of Colorado. During this time, we have openly represented ourselves as a married couple and have been recognized as such in our community.		
2. At the time the marriage was entered, each party was eighteen (18) years of age or older or, if between the ages of sixteen and eighteen, have obtained appropriate parental or guardian consent.		
3. 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.		
4. I, (EMPLOYEE NAME), am a current member of the city's healthcare plan and (COMMON-LAW SPOUSE NAME) is my spouse, who desires to		
be covered as an eligible dependent pursuant to healthcare rules and regulations.		
5. The following children have been born to or adopted by us, and we hereby acknowledge them as our lawful children:		



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	(DEPENDENT CHILD NAME)	
	(DEPENDENT CHILD NAME)	
Step 2: Signatures & Documentation		
In making the above statements, I understand that pursuant to Colorado law, Common-Law Marriage is like ceremonial marriage, and may only be terminated by death or divorce.		
I agree that by typing my name below, I am providing my electronic signature, which is legally binding and has the same validity and effect as my handwritten signature.		
Employee Signature		
Spouse Signature		
Date Submitted		