EMPLOYEES BENEFITS DEPARTMENT
Human Capital Management
Office of Management and Enterprise Services
2101 N. Lincoln Blvd., Room 560, Oklahoma City, Oklahoma, 73105
405-522-1190 or 1-800-219-8115

REQUEST FOR COVERAGE FOR COMMON LAW SPOUSE

MEMBER _____ SSN _____

AGENCY _____ AGENCY # _____

I understand I am permitted to enroll an individual who I claim is a common law spouse. I hereby swear and affirm under penalty of perjury that the following is true and correct:

1. This person, _____, and I have an actual and mutual agreement between ourselves to be husband and wife.

2. This is a permanent relationship.

3. Our relationship is exclusive, as proven by our cohabitation as husband and wife and hereby hold ourselves out publicly as husband and wife.

X _____ _____
EMPLOYEE SIGNATURE DATE

X _____ _____
COMMON LAW SPOUSE SIGNATURE DATE

Without signatures of both parties, this agreement will be rejected. A signed and dated original of this agreement must be attached to the Enrollment Form.

IMPORTANT NOTICE:

1. A copy of this form should be retained for the Benefits Coordinator's file.
2. Original should be sent to the Employees Benefits Department of HCM for the central file reference.
3. Do not forward a copy to EGID
4. May add common law spouse at Option Period (may be added midyear only if proof of loss of other group coverage is provided).
5. **A divorce decree will be required upon termination of relationship.**

Print Form with Information **Clear Form**