



# STATE OF IOWA

## AFFIDAVIT OF COMMON LAW MARRIAGE

Instructions: The purpose of this Affidavit is to establish that a common law marriage exists for the sole reason of obtaining University of Iowa Health and Dental Care Coverage. The employee and common law spouse must both complete and sign the Affidavit of Common Law Marriage. Notaries public must witness both signatures. The affidavit must be completed, notarized and returned to the University Benefits Office within 30 days of the date of hire or the date for the common law marriage, to add the common law spouse to the existing coverage.

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We, (print employee name) \_\_\_\_\_, and (print spouse name) \_\_\_\_\_, being duly sworn under oath, do declare that on or about the following date, \_\_\_\_\_, we have agreed to live as spouses, and that we have so lived and cohabited since that time and it is our intention to be married.

We declare that we publicly hold ourselves out to be each other's spouse and that neither of us have previously been married, or, if either of us has been previously married, said marriage has been terminated by death, annulment, or divorce.

We grant, to the State of Iowa, or its representative, permission to inquire of anyone who knows us as to our status and whether we have, in fact, held ourselves out to be each other's spouse since the date declared above.

We declare that we understand that a common law marriage is legally recognized as a marriage and must be terminated through a legal divorce. We understand that further documentation may be required by the State before the State recognizes our Common Law Marriage.

We hereby certify that the above listed information is true and correct. We understand and agree that if the designated common law spouse is added to the University of Iowa Employee Health Plan, the university employee will not be able to drop their spouse from coverage during the plan year unless there is a legal separation, final divorce decree, death or other appropriate qualifying life event with supporting documentation.

**Employee Signature:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

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*Subscribed to and sworn to before me*

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Notary Public:** \_\_\_\_\_

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It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Iowa with regard to the application for benefits or claim for benefits. Penalties may include, but are not limited to, imprisonment, fines, civil damages, and/or denial or termination of enrollment in any or all of the State of Iowa's group benefit plans or programs.