

SAMPLE

Affidavit of Marriage/Spousal Equivalency

I, _____ (Name of Employee) submit this Affidavit of Marriage/Spousal Equivalency to establish _____ (Name of Spouse or Spousal Equivalent) as my Spouse/Spousal Equivalent (as those terms are defined below) for the purpose of any benefits that Company may extend to employees' Spouses or Spousal Equivalents.

I, _____ (Name of Employee), declare and acknowledge as follows:

For Marriage

I and _____ (Name of Spouse) were legally married to each other on _____ (Date of Marriage) at _____ (Place of Marriage) and are now married. For purposes of this affidavit, "Spouse" means the person to whom I am currently lawfully married under the laws of the state in which we reside, and from whom I am neither divorced nor legally separated.

For Common Law Marriage

I and _____ (Name of Spouse) have met the criteria for a valid common-law marriage in one of the following states where we both currently reside: Alabama, Colorado, District of Columbia, Georgia, Idaho, Iowa, Kansas, Montana, Ohio (relationship established before Oct. 10, 1991), Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, and/or Utah.

–OR–

I and _____ (Name of Spouse) entered into a valid common-law marriage in one of the states listed above, and now reside in another state which, according to our personal legal advisor, recognizes the validity of such marriages established under the laws of one of the states listed above. In either case, I further acknowledge that my Spouse and I continue to reside together and that we are neither divorced nor legally separated from each other.

For Spousal Equivalent Relationship

I and _____ (Spousal Equivalent's Name) are Spousal Equivalents. "Spousal Equivalents" means two adults [of the same sex] who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life. Specifically, I declare and acknowledge that I and my Spousal Equivalent named above meet the following criteria:

- We reside together and intend to do so permanently.
- We are not related by blood to a degree of closeness that would prohibit legal marriage.
- We are mutually responsible for basic living expenses.
- We are both at least the age of consent in the state in which we reside.
- Neither of us is married to anyone else.

[In addition, if we live in a jurisdiction which permits registration of domestic partners, including Spousal Equivalents, I declare and acknowledge that I and my Spousal Equivalent have registered, or will register within the next 31 days, as domestic partners in that jurisdiction. The jurisdictions in which registration of domestic partners is currently permitted, as of January 12, 1996, are: Atlanta, Georgia; Ann Arbor, Michigan; Berkeley, California; Boston, Massachusetts; Brookline, Massachusetts; Cambridge, Massachusetts; Carrboro, North Carolina; Chapel Hill, North Carolina; East Lansing, Michigan; Hartford, Connecticut; Ithaca, New York; Laguna Beach, California; Madison, Wisconsin; New York, New York;

Palo Alto, California; Provincetown, Massachusetts; Rochester, New York; Sacramento, California; San Francisco, California; Seattle, Washington, and West Hollywood, California. I further understand that this requirement may be waived if the non-confidential nature of the registration (which is usually a matter of public record) would create a hardship for me and/or my Spousal Equivalent. To request a waiver of this requirement, a statement regarding the nature of the hardship must be submitted to Company's Plan Administrator or designated representative.]

For Marriage/Spousal Equivalent Relationships

I acknowledge that:

- I cannot file another Affidavit of Spousal Equivalency for a new Spousal Equivalent until at least six months after a Statement of Termination of Spousal Equivalency has been filed.
- If health care coverage is requested, I will provide to Company's Plan Administrator or designated representative a completed Health Care Enrollment Statement along with documents establishing the existence of my Marriage/Spousal Equivalency relationship.
- I understand that I would be well advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of the Spousal Equivalent relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.
- I have an obligation to file a Statement of Disenrollment, Legal Separation, Divorce, Death or Termination of Spousal Equivalency with Company's Plan Administrator or designated representative within [30] days of the earliest of (a) the death of my Spouse or Spousal Equivalent; (b) the date of legal separation; (c) the date of the divorce decree, or (d) the date on which any of the criteria of a Spousal Equivalency relationship is no longer met. I further understand that the effective date of the end of the Spouse/Spousal Equivalency relationship is the earliest of (a) the death of my Spouse or Spousal Equivalent; (b) the date of legal separation; (c) the date of the divorce decree, or (d) the date on which I file a Statement of Disenrollment, Legal Separation, Divorce, Death or Termination of Spousal Equivalency with Company's Plan Administrator or designated representative.
- I understand that I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statement contained in this Affidavit of Marriage/Spousal Equivalency.

I affirm, under penalty of perjury, that the statements in this Affidavit are true to the best of my knowledge.

Signature

Date

Name

Address

City, State, Zip Code

[Please note: If you wish to enroll your Spouse/Spousal Equivalent for group health coverage, you must complete and return the Health Care Enrollment Statement, along with the documents establishing the existence of the marriage/spousal equivalency relationship, to the Company Plan Administrator or
(continued)

designated representative within 31 days of the earliest of: (a) the date of marriage or (b) the date of filing this Affidavit of Marriage/Spousal Equivalency. If the Health Care Enrollment Statement and the required documents are not filed within this time period, evidence of insurability of the Spouse/Spousal Equivalent and eligible dependents, if any, will be required, unless the Spouse/Spousal Equivalent has lost his or her existing employee health coverage, as defined under the terms of the underlying plan(s), after an Affidavit of Marriage/Spousal Equivalency has previously been filed.]

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