

Please return completed form to your District
Benefits Administrator.

Common Law Spouse Declaration

Employee Common Law Spouse Declaration

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|----------------------|------------|---------|------------|
| Employee's Last Name | First Name | Initial | District # |
|----------------------|------------|---------|------------|

Please insure my common law spouse, _____ for the following benefits as of _____:
(full name of common law spouse) (Coverage effective date)

- Extended Health Care
- Dental Care

Common law spouse definition: A person of the opposite or same sex, who resides with the Employee and is publicly represented as the Employee's spouse.

I hereby certify that my spouse meets the definition of common law spouse as defined above.

Employee Signature _____ Date Signed (mm/dd/yyyy) _____