

Barton County Community College Employee Health Care Plan

Request for Enrollment of Common Law Spouse

You are requesting that we consider the common law spouse that you list below as a dependent for insurance purposes under a common law marriage relationship. In order for us to determine if eligibility for insurance exists, and whether you are eligible to change your enrollment during the plan year, the following questions must be answered and returned to the Office of Human Resources before your request can be reviewed.

Any person who knowingly and with the intent to defraud or deceive the College gives false, incomplete or misleading information on this affidavit may be subject to any remedies available under law.

I. The following questions are to be completed by the employee:

Your name: _____ Social Security Number: _____

Common Law Spouse's name: _____

Common Law Spouse's Social Security Number: _____

Are you presented and known throughout your community as husband and wife? Yes No

Are you living in a husband and wife relationship? Yes No

a. If yes, indicate the date you entered into your common law marriage (month/day/year): _____

b. If yes, in what state did you reside on that date? _____

Do you have real property or titled personal property as husband and wife? : Yes No

If you answered yes, please provide a copy of the auto registration or title, deed or property tax statement.

Did you file your last income tax return indicating that you were married? Yes No

If your answer is yes, please provide a copy of your last income tax return.

Do you have joint checking and/or savings accounts? Yes No

If the answer is yes, please provide a copy of your financial statement.

Are there any factors which would prevent the two of you from marrying, including but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce? Yes No

If yes, what factor? _____

The following children have been born to my lawful spouse or me and we hereby acknowledge such children to be our lawful issue (list names and birth dates).

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

The following children have been born to my lawful spouse (list names and birth dates).

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

Coverage is desired for the above children as eligible dependents pursuant to the requirements set-out in the Summary Plan Description for the Barton County Community College Employee Health Care Plan¹. Yes No

I hereby certify that the above listed information is true and correct. I understand and agree that if my common law spouse is added to the Health Plan, that I will be unable to drop my spouse from coverage during the plan year unless there is a legal separation or final divorce decree with supporting court documentation.

Name of Employee: _____

Employee's Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires _____, 20____.

Notary Public

(SEAL)

¹ Dependent children are defined as those unmarried children from birth to the limiting age of 23 who are primarily dependent upon the covered Employee for support and maintenance. When the child attains the limiting age, coverage will end on the last day of the child's birthday month unless an approved "Application for Coverage of Handicapped Dependent Child" affidavit is approved and on file in the Office of Human Resources. The term "children" shall include natural children, adopted children or children placed with the covered Employee in anticipation of adoption or a child who has been placed under the legal guardianship of the Participant. Step-children who reside in the Employee's household may also be included as long as a natural parent remains married to the Employee and also resides in the Employee's household.

II. The following questions are to be completed by an individual other than the Barton County Community College employee or their common law spouse or any of their children:

Name of Barton County Community College Employee: _____

Name of Common Law Spouse: _____

What is your relationship to the Barton County Community College employee? (Mother, father, cousin, etc. – if not related, state "None") _____

What is your relationship to the individual they have indicated is their common law spouse? (herein referred to as the common law spouse) _____

To your knowledge are the Barton County Community College employee and the common law spouse generally known as husband and wife? Yes No

Do you consider them husband and wife? Yes No

If yes, explain why you consider them to be husband and wife. _____

I know that any person who knowingly and with intent to defraud or deceive the College gives false, incomplete or misleading information on this affidavit may be subject to any remedies available under law.

Name (please print): _____

Signature: _____ Date: _____

Home Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

Subscribed and sworn before me this _____ day of _____, 20____.

_____ My commission expires _____, 20____.

Notary Public

(SEAL)