## REQUEST FOR ENROLLMENT OF COMMON LAW SPOUSE

The following must be completed and returned to United HealthCare before this enrollment may be considered.

## AFFIDAVIT OF COMMON LAW MARRIAGE

We, the undersigned, being of lawful age, attest to the following facts:

1. We have lived together continuously as husband and wife from ___/ ___/ ___ to the present time.

2. That we are eighteen years of age or older or, if between the ages of sixteen and eighteen have obtained appropriate parental or guardian consent.

3. There is no legal impediment to our marriage, including but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce.

4. _____ is currently a United HealthCare Network member and _____ is his/her spouse who desires to be covered as an eligible dependent pursuant to the rules and regulations of United HealthCare of Colorado, Inc.

5. The following children have been born to us and we hereby acknowledge such children to be our lawful issue:

_____ _____

_____ _____

| _____ | _____ | _____ |
|---|---|---|
| Name of Subscriber | Signature | Date |
| _____ | _____ | _____ |
| Name of Subscriber | Signature | Date |

Sworn to before me this ____ day of _____, 20___.

_____
Notary Public

My commission expires _____.