



**STATE EMPLOYEE HEALTH PLAN (SEHP)
Affidavit of Common Law Marriage
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 SEHP coverage under a common law marriage relationship. In order for us to determine if eligibility for SEHP coverage exists, and whether you are eligible to change your enrollment during the plan year, the following questions must be answered and returned to your human resource office or submitted to SEHP Membership Services before your request can be reviewed. In addition, proof of joint ownership is required to be submitted along with this Affidavit. For further information, please visit the SEHP website at: <http://www.kdheks.gov/hcf/sehp/DependentDoc.htm>

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

The following questions are to be completed by the member:

Member's Name (LAST, FIRST, MI)	Social Security Number
Common Law Spouse's Name (LAST, FIRST, MI)	Social Security Number

Are you presented and known throughout your community as being in a marital relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you living in a marital relationship? If yes, Indicate the date you entered into your common law marriage If yes, in what state did you reside on that date?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ State: _____
Do you have real property or titled personal property as marital partners? If yes, please provide a copy of your last real estate tax notice or personal property tax statement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you file your last filed federal income tax return indicating that you were married? If yes, please provide a copy of your last federal income tax return.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have joint checking and/or savings accounts? If yes, please provide a copy of your last checking/savings account statement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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? If yes, what factor?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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

Name (LAST, FIRST, MI)	Date of Birth (MM,DD,YYYY)
Name (LAST, FIRST, MI)	Date of Birth (MM,DD,YYYY)
Name (LAST, FIRST, MI)	Date of Birth (MM,DD,YYYY)

Coverage is requested for the above children as eligible dependants pursuant to the rules and regulations of the SEHP. If coverage for the children is requested, please include copies of supporting documentation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 State Employee Health Plan, I will not be able to drop my spouse from coverage during the plan year unless there is a final divorce decree, death, or other appropriate qualifying event with supporting documentation.

Name of Member (please print)	Signature of Member	Date

The member's signature must be notarized:

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

Notary signature

My commission expires _____, 20__.

(SEAL)



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The following questions are to be completed by an individual other than the State of Kansas employee, their common law spouse, or any of their children:

State of Kansas Employee's Name (LAST, FIRST, MI)	Your relationship to the State of Kansas Employee:
Common Law Spouse's Name (LAST, FIRST, MI)	Your relationship to the Common Law Spouse:

To the best of your knowledge, are the State of Kansas employee and the common law spouse generally known as being in a marital relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider them to be in a marital relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain why you consider them to be in a marital relationship:	

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

Name (please print)	Signature	Date
Address	City, State, Zip Code	Telephone Number

The above signature is required to be notarized:

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

Notary signature My commission expires _____, 20__.

(SEAL)