

Affidavit for Current Marital Status

Affidavit to be completed by the subscriber - *Please print*

Subscriber Name

Dependent Spouse or Former Spouse:

Name: _____

Are you currently legally married to this dependent? YES / NO

- If YES, Date of Marriage: _____
- If NO, Date of Divorce: _____ ***
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 - Are you remarried? YES / NO If Yes, Date of remarriage: _____
 - Is your former spouse remarried? YES / NO / Unknown If YES, Date of marriage: _____

*** Please note that if you are legally separated or divorced, this affidavit must be accompanied by a copy of the health insurance provision language in your separation agreement or divorce decree.

Please initial each after reading:

____ I hereby certify that the information provided above is true and accurate.

____ I certify that the dependent named above is eligible for coverage under my health insurance plan.

____ I understand that any misrepresentation in the information given may result in termination of benefit eligibility for myself and/or my dependents.

Subscriber Signature

Date

Before me, the undersigned notary public, this day, personally, appeared _____
to me known, who being duly sworn according to law, deposes the above information.

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

Signed: _____ Notary Public SEAL: