

Affidavit for Current Marital Status

To be completed by any retiree of the Town of East Longmeadow enrolled in one of the Town's group health plans and is also providing insurance coverage for a spouse on any of the Town's group health plans or any surviving spouse of a retiree in the Town's group health plans.

Name of Retiree

Name of Spouse

Spouses must be the retiree's legal spouse. The surviving spouse and/or dependents of a retiree are eligible to maintain existing coverage on the Town's group health insurance. Participation may continue as long as the dependents meet all the plan eligibility rules. The surviving spouse must be enrolled for dependents to be covered and once the surviving spouse remarries, eligibility for participation ends. Ex-spouses are not eligible to be covered under the Town's group health plans unless the date of retirement and the date of divorce are prior to November 29, 2011, neither the retiree nor the ex-spouse have remarried, and the ex-spouse has maintained coverage. Written notification of change of marital status must be provided to the Benefits Administrator within 30 days.

I hereby certify that the above named beneficiary is eligible for coverage as a

____ spouse
date of marriage _____

____ surviving spouse
date of death of retiree _____

____ ex-spouse
date of divorce _____

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

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

Signature of Retiree or Surviving Spouse

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: