



LARIMER COUNTY

COMMON LAW MARRIAGE AFFIDAVIT

I. DECLARATION:

We _____ and _____ each certify and declare
(employee – print name) (spouse – print name)
that there is an actual and mutual agreement existing between us constituting a matrimonial relationship, permanent and exclusive of all others.

II. STATUS

1. We affirm that this relationship began on, or about ____/____/____.
2. We have agreed to mutual assumption of all marital duties and obligations to one another and consider ourselves legally married in every respect.
3. Neither of us is married to, or legally separated from, anyone else.
4. We are both at least eighteen (18) years of age and mentally competent to consent to contract.
5. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
6. We cohabit and reside together in the same residence and intend to do so indefinitely.
7. We are engaged in a committed relationship of mutual caring and support, and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least three of the following (***please check appropriate items***):
 - _____ Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
 - _____ Common ownership of a motor vehicle
 - _____ Driver's licenses listing a common address
 - _____ Joint bank account or credit account
 - _____ Designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
 - _____ Execution of a durable property power of attorney or health care power of attorney naming the Common Law Spouse as agent
 - _____ A living trust document executed by the employee or jointly executed by the Common Law Spouses accomplishing any one or more of the above
8. We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. DEPENDENT CHILDREN OF COMMON LAW SPOUSE

We understand that the dependent children of _____ (spouse-print name) are eligible for coverage when they meet all of the age and eligibility requirements of the benefit plans.

IV. CHANGE IN RELATIONSHIP STATUS:

It is necessary to obtain a formal divorce to dissolve this marriage and notify the benefits department within 31 days.

Return to: _____ _____ _____

V. ACKNOWLEDGEMENTS:

1. We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Certification, or for failure to notify Larimer County of changed circumstances as required in Section IV above. I, the undersigned employee, further understand that falsification of information in the Certification, or failure to notify Larimer County, of changed circumstances pursuant to Section IV above, may lead to disciplinary action against me, including discharge from employment or such conduct may result in criminal charged being filed.
2. We have provided the information to this Certification for use by Larimer County for the sole purpose of determining our eligibility for certain spouse benefits. We understand and agree that it is not legally required to extend any such benefits. We understand that this information provided in this Certification will be treated as confidential by Larimer County but will be subject to disclosure; a) upon the express written authorization of the undersigned employee, b) upon request of the insurer or plan administrator, or c) if otherwise required by law.
3. We understand that this Certification may have legal implication relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Certification we should seek competent legal advice concerning such matters.
4. We understand that this Certification is for the sole purpose of obtaining benefits under Larimer County's group health plan. Survivor or other benefits under the Larimer County Retirement plans are secured by separate documents. We further understand that this Certification does not affect worker's compensation or social security benefits.
5. We understand that the benefits provided pursuant to this Certification do not result in a contract between the employee and Larimer County, and that the County has the authority to terminate, alter, or amend the benefits provided in its sole discretion.
6. We understand that Larimer County has the authority to investigate any of the representations made in this Certification and that the employee has, upon reasonable request, the duty to produce further assurances of the status Common Law Spouses including, but not limited to, any of the documentation noted on page 1 #7, and/or an affidavit from a disinterested third party as to the Common Law Spouse status.

We affirm, under penalty of perjury, that the statements in this Affidavit are true and correct.

Employee Signature Date

Spouse Signature Date

Employee and Spouse Address

Notary Public

STATE OF _____ COUNTY OF _____
On this _____ day of _____, _____, before me appeared _____
and _____ who acknowledged themselves to be the persons who
executed the Certification set for above and acknowledged the Certification to be their free act and deed,
and acknowledged that all statements contained above are true and correct.

Notary Public

My Commission expires

INSTRUCTIONS FOR COMMON LAW MARRIAGE AFFIDAVIT

1. Complete Common Law Marriage Affidavit and have notarized.
2. Record the document by submitting to Larimer County Clerk & Recorder. The cost is \$18 payable via check, or money order if submitted via mail. They also accept cash and credit cards for payment in person; however, credit cards are subject to an additional fee charged by the credit card vendor (usually no more than \$2). Notary services are also offered in the Citizen Information Center for \$5 if desired.
3. Hand carry original, completed, and notarized form to:
Larimer County Courthouse, Citizen Information Center, 200 W. Oak, Fort Collins, or

Or Mail to:
Larimer County Clerk & Recorder
Attn: Recording
PO Box 1280
Fort Collins, CO 80522
4. After recorded and a copy is returned to you, send to Human Resources to change your marital status in your personnel record. If desired, complete appropriate change forms to add spouse to your insurance and return to HR. These forms can be found on the Bulletin Board / Benefits tab.