

COMMON-LAW AFFIDAVIT

DERP ID: _____

I, _____, am currently a member of the Denver Employees Retirement Plan (“DERP”) and _____, is my spouse who desires to be covered as an eligible dependent pursuant to the rules and codes of DERP and the City and County of Denver.

Upon signing this form, we attest to the following facts:

- 1) **We understand that a common-law marriage, in the state of Colorado, is valid for all purposes, the same as a ceremonial or civil marriage, and can only be terminated by death, divorce, legal separation, or declaration of invalidity of marriage.**
- 2) We are each eighteen (18) years of age or older;
- 3) We hold ourselves out to the community as spouses, consent to the marriage, cohabit and have the reputation in the community as being spouses;
- 4) We have lived together continuously, in Colorado, as spouses from _____ to the present.
- 5) There is no legal impediment to our marriage. A legal impediment includes, but is not limited to, a prior marriage of either party that has not been legally terminated or the parties are closely related and would be prohibited under state law from marrying.

Furthermore:

Each of us agrees to immediately notify DERP in writing if there is any change of circumstances attested to in this affidavit. This would include submitting proof of death, divorce, legal separation, or declaration of invalidity of marriage to DERP.

We acknowledge that any misrepresentation of the above facts is grounds for termination of coverage. Furthermore, we understand that DERP reserves the right to request documentation from the employee and/or partner to verify the affirmations made in this affidavit. We also understand that completion of this affidavit in no way guarantees approval of coverage.

We certify under penalty or perjury under the laws of the State of Colorado that the foregoing is true and accurate to the best of our knowledge.

Member’s Name

Spouse’s Name

Member’s Email Address

Spouse’s Email Address (Optional)

Member’s Social Security No. (Last four digits)

Spouse’s Social Security No. (Last four digits)

Signature of **Member** Date

Signature of **Spouse** Date

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____

Notary Public Signature

Commission Expiration