



BAC International Health Fund

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BAC International Health Fund (BAC IHF) Affidavit of Common Law Marriage

Instructions:

The common law spouse of an eligible participant may be eligible for health and welfare benefits. The health and welfare benefits are governed by the BAC IHF. The Following guidelines also apply:

The participant and common law spouse both must complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures and an enrollment or change form must be completed to add the common law spouse to existing coverage.

States and commonwealths that recognize common law marriage include the following:

Alabama, Colorado*, District of Columbia*, Georgia (if created before 1/1/97), Idaho (if created before 1/1/96), Iowa, Kansas, Montana, New Hampshire* (for inheritance purposes), New Jersey (Domestic Partnership for same sex couples. Also opposite sex for 62 or older residing together in New Jersey). Ohio (if created before 10/10/91), Oklahoma, Pennsylvania, Rhode Island*, South Carolina, Texas*, Utah, *denotes IHF participating jurisdictions.*

Affidavit:

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

- 1) I, _____, am currently an eligible participant, and _____, is my spouse who desires to be covered as an eligible dependent as described in the BAC IHF Summary Plan Description;
- 2) We live together in the State/Commonwealth of _____ as husband and wife under the common law marriage laws of that state;
- 3) We hold ourselves out to the community as being married, and have done so for _____ years;
- 4) We do not enter this relationship solely for the purpose of obtaining benefits;
- 5) We are eighteen years of age or older, or if between the ages of sixteen and eighteen, have obtained appropriate parental or guardian consent;

- 6) There is no legal impediment to our marriage, including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce.
- 7) We understand that our marriage can be terminated legally only through death or divorce.

We represent that the information contained herein is true to the best of our knowledge, and that, if requested, we are willing to provide supporting evidence.

Participant Name (Please Print) _____ Spouse Name (Please Print) _____
Participant Social Security No. _____ Spouse Social Security No. _____

Participant Signature _____ Spouse Signature _____

Date _____

Fraud:

It is unlawful for a participant or dependent(s) or other individual(s) to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other documentation for the purpose of defrauding or attempting to defraud the BAC IHF with regards to the application for benefits or claim for benefits. Penalties may include, but are not limited to, denial of benefits and repayment of moneys fraudulently paid on behalf of ineligible dependents.

Notary _____
Sworn to me this (Day/Month/Year)

My Commission Expires