



REQUEST FOR ENROLLMENT OF COMMON LAW SPOUSE

The following must be completed and returned to VIVA Health within 31 days of the initial request for the enrollment to be considered.

AFFIDAVIT OF COMMON LAW MARRIAGE

We, the undersigned, being of lawful age, attest to the following facts:

We have the capacity to be married.

We have lived together continuously as husband and wife from _____, to the present time (time period must be a minimum of 6 months).

There is public recognition of the existence of our common-law marriage.

We live together and have openly assumed the same duties and obligations as other married couples.

Name of Subscriber

Name of Spouse

Signature of Subscriber

Signature of Spouse

Sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires _____, 20____.

* Attach proof of at least one of the following:

1. Joint mortgage/lease/rent agreement
2. Joint federal income tax returns
3. Joint banking account
