



**BlueCross BlueShield
of Oklahoma**

A Member of the Blue Cross and Blue Shield Association,
an Association of Independent Blue Cross and Blue Shield Plans.



Blue Cross and Blue Shield of Oklahoma

BlueLincs HMO is a Wholly Owned Subsidiary of Blue Cross and Blue Shield of Oklahoma,
a Member of the Blue Cross and Blue Shield Association,
an Association of Independent Blue Cross and Blue Shield Plans.

Common Law Marriage Affidavit

The following information is required before a request to add a common law spouse or a dependent child.

Insured's Name _____ SSN _____

Name of Common Law Spouse _____ SSN _____

Affidavit of Common Law Marriage

We, the undersigned, being first duly sworn, attest that the following statements are true.

- 1) We are residents of the State of _____.
- 2) I am the wife/husband of _____ (Insured).
- 3) We have mutually consented and agreed to be married and are married to each other.
- 4) There is no legal impediment of our marriage, including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce.
- 5) As evidence of our marriage contract, we cohabit together as husband and wife, refer to each other as husband and wife, and are known by our families and the community as husband and wife.
- 6) With the result that we are treated and referred to a husband and wife by our families, our co-workers, and in the community in which we reside.
- 7) The date of our Common Law Marriage is: _____

Signature of Insured _____

STATE OF _____)
)
 COUNTY OF _____)

Sworn to before me, a notary public, by said _____, personally known to me on this ____ day of _____, 200__.

Notary Public _____

My commission expires: _____

Signature of
Common Law Spouse _____

STATE OF _____)
)
 COUNTY OF _____)

Sworn to before me, a notary public, by said _____, personally known to me on this ____ day of _____, 200__.

Notary Public _____

My commission expires: _____