

Drexel University College of Medicine/Benefits Office
Affidavit of Common Law Marriage

I. Employee's Declaration

Please complete the following in the presence of a Benefits Office representative or notary public (please print):

I, _____, declare that

Name of Employee

_____ is my one and only

Name of Spouse

common law spouse and is entitled to the rights of my spouse under the Tax Deferred Retirement Plan and/or Retirement Allowance Plan and other employee benefit plans maintained by Drexel University College of Medicine ("Drexel Med"). In addition, I further declare that we meet the following criteria of common law marriage:

- a. I filed a federal tax return with my spouse.
- b. I exchanged words with my spouse in the present tense for the purpose of indicating our mutual consent to form a permanent and exclusive marital relationship at common law of husband to wife and we have been living together and holding ourselves out as husband and wife since that time.
- c. I am not legally married to any other individual, and, if previously married, I obtained a legal divorce or annulment or the former spouse is deceased.
- d. I was mentally competent to enter into a contract according to the laws of the State in which we resided at the time we entered in to the common law marriage.
- e. I was 18 years of age or older and old enough to enter into marriage according to the laws of the State in which resided at the time we entered into the common law marriage.
- f. I do not have a blood relationship that would bar marriage under applicable laws of the State in which we resided at the time we entered into the common law marriage.
- g. I did not enter into this relationship solely for the purposes of obtaining benefits.

The marriage began on _____ while both parties had legal residence
(Date)
in the state of _____ .

I understand that by completing this form, I am asserting that the above named spouse is

my spouse for all legal purposes and will remain my spouse until death or divorce.

I also understand that divorce may occur only as a result of a proceeding in court. I agree to inform the Drexel Med Benefits Office of any change in my marital status within 30 days of such change and to present any reasonable evidence of such changes as Drexel Med's Benefits Office may require.

I have been advised to consult with an attorney regarding the possibility that the filing of this Affidavit may have other legal and financial consequences, including the fact that it may, in the event of the termination of the Common Law marriage, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt and for the payment of support.

I further agree to indemnify Drexel Med for any expenses or liabilities it incurs as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this declaration or in any of the information that I have represented to the plan representative.

This marriage representation is consistent with representations made to tax authorities and I will supply copies of Federal tax returns as documentation to the Benefits Office.

I agree that I will present such further documentation of my marital status as Drexel Med's Benefits Office may require and make such documentation available for copying. I certify that any and all information that I may present as evidence of my marital status is true and accurate and that any documents presented are authentic.

I understand that if I submit false information in this Affidavit that Drexel Med may recover any benefits improperly paid and that Drexel Med or any person that suffers any loss due to the false statement may bring a civil action to recover their losses.

I affirm, under penalties of perjury that the assertions in this Affidavit are true and correct to the best of my knowledge and belief.

Signed: _____ Dated: _____
Employee Signature

Witnessed: _____ Dated: _____
Plan representative or Notary Public

Drexel University College of Medicine/Benefits Office
Affidavit of Common Law Marriage

II. Spousal Declaration

Please complete the following in the presence of a Benefit's Office representative or notary public (please print):

I, _____, declare that
Name of Spouse
_____ is my one and only common
Name of Employee

law spouse and that I am entitled to the rights of a spouse under the Tax Deferred Retirement Plan and/or Retirement Allowance Plan and other employee benefit plans maintained by. In addition, I further declare that we meet the following criteria of common law marriage:

- a. I filed a federal tax return with my spouse.
- b. I exchanged words with my spouse in the present tense for the purpose of indicating our mutual consent to form a permanent and exclusive marital relationship at common law of husband to wife and we have been living together and holding ourselves out as husband and wife since that time.
- c. I am not legally married to any other individual, and, if previously married, I obtained a legal divorce or annulment or the former spouse is deceased.
- d. I was mentally competent to enter into a contract according to the laws of the State in which we resided at the time we entered in to the common law marriage.
- e. I was 18 years of age or older and old enough to enter into marriage according to the laws of the State in which resided at the time we entered in to the common law marriage.
- f. I do not have a blood relationship that would bar marriage under applicable laws of the State in which we resided at the time we entered into the common law marriage.
- g. I did not enter into this relationship solely for the purposes of obtaining benefits.

The marriage began on _____ while both parties had legal residence
(Date)
in the state of _____.

I understand that by completing this form I am asserting that the above named Employee is my spouse for all legal purposes and will remain my spouse until death or divorce. **I**

also understand that divorce may occur only as a result of a proceeding in court. I agree to inform Drexel Med's Benefits Office of any change in my marital status within 30 days of such change and to present any reasonable evidence of such changes as Drexel Med's Benefits Office may require.

I have been advised to consult with an attorney regarding the possibility that the filing of this Affidavit may have other legal and financial consequences, including the fact that it may, in the event of the termination of the Common Law marriage, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt and for the payment of support.

I further agree to indemnify Drexel Med for any expenses or liabilities it incurs as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this declaration or in any of the information that I have represented to the plan representative.

This marriage representation is consistent with representations made to tax authorities and I will supply copies of Federal tax returns as documentation to the Benefits Office.

I agree that I will present such further documentation of my marital status as Drexel Med's Benefits Office may require and make such documentation available for copying. I certify that any and all information that I may present as evidence of my marital status is true and accurate and that any documents presented are authentic.

I understand that if I submit false information in this Affidavit that Drexel Med may recover any benefits improperly paid and that Drexel Med or any person that suffers any loss due to the false statement may bring a civil action to recover their losses. I affirm, under penalties of perjury that the assertions in this Affidavit are true and correct to the best of my knowledge and belief.

Signed: _____ Dated: _____
Spouse Signature

Witnessed: _____ Dated: _____
Plan representative or Notary Public