



State of Rhode Island & Providence Plantations
Office of Employee Benefits
One Capitol Hill
Providence, RI 02908-5860
Office: (401) 222-3160
Fax: (401) 222-6391

AFFIDAVIT OF COMMON LAW MARRIAGE

Employee Name

Common-Law Spouse Name

1. We hereby certify that we meet all of the following criteria:
 - We are each at least eighteen (18) years of age and mentally competent to contract.
 - We are not related by blood to a degree which would prohibit marriage in our state of legal residence.
 - Neither of us is married to anyone else, and neither of us has been married to anyone since _____ [date of most recent formal decree of divorce].
 - We reside together and have resided together for at least one (1) year.
 - We have considered ourselves to be married and have conducted ourselves such that our friends, family, and community consider us married.
2. Please provide documentation to substantiate two (2) of the following items:
 - Common Law Marriage Agreement or Relationship Contract
 - Joint mortgage or joint ownership of primary residence
 - Joint ownership of vehicle
 - Joint lease
 - Most recent signed Federal Tax Form indicating that you are married [Black out financial information and no schedules should be included].
 - The Common Law Spouse has been designated as a beneficiary for the employee's will, retirement contract or life insurance (Must be dated (1) year prior to request for coverage)
 - Joint checking, savings or credit account (Must be dated (1) year prior to request for coverage)
3. We agree to notify the Office of Employee Benefits if the status of this relationship changes - including termination of the relationship or failure to meet any of the criteria listed in #1 above - no later than 30 days from the date of such change.
4. We understand that the information contained in this Affidavit is confidential and is being provided for the sole purpose of determining eligibility for benefits. We also understand that acceptance of this Affidavit by the Office of Employee Benefits in no way constitutes a legal determination that our common law marriage is valid under applicable law.

5. We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. We understand that we are responsible for reimbursing the State of Rhode Island for any expenses incurred as a result of any false or misleading statement contained in this Affidavit. **We further understand that a false statement in this affidavit could result in disciplinary or legal action.**

State of Rhode Island
County of _____

I, _____ do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct, and complete.

Employee Signature Employee Social Security # Date

State Dept./Agency

Subscribed and sworn to before me in _____, Rhode Island on the
_____ day of _____ 20____.

Notary Public My Commission Expires:
(Print Name: _____)

State of Rhode Island
County of _____

I, _____ do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct, and complete.

Common-Law Spouse Signature Common-Law Spouse Social Security Number Date

Subscribed and sworn to before me in _____, Rhode Island on the
_____ day of _____ 20____.

Notary Public My Commission Expires:
(Print Name: _____)

Approval: _____

Chief of Employee Benefits, Department of Administration **Date**