

DECLARATION OF COMMON LAW MARRIAGE

The George Washington University offers employee benefits to spouses in a common law marriage. A valid common law marriage must have been created while the employee and the employee's spouse resided either in the District of Columbia or in a state where common law marriage is legally recognized. To request common law spousal benefits, please provide the following information:

I. Statement of Common Law Marriage

We, _____ and _____,
Employee (print) Spouse (print)

state that we are spouses in accordance with the criteria in Section II below and apply for eligibility in select employee benefit plans as exclusively determined by The George Washington University.

II. Certification of Common Law Marriage

- A. We agreed to be each other's spouse at least six (6) months prior to the benefit(s) coverage effective date. At such time, we exchanged words in the present tense for the purpose of indicating our mutual consent to form a permanent and exclusive marital relationship at common law spouse.
- B. We are at least 18 years of age and mentally competent to consent to a legally binding contract. At
- C. the time of and following our consent to marriage, we shared the same primary residence at

(Street Address City, State, Zip Code)

- D. Our current address is _____
(Street Address City, State, Zip Code)
- E. We are not legally married to any other individual and if previously married, each obtained a legal divorce or annulment or the former spouse is deceased. We are not related by blood to a
- F. degree of closeness which would prohibit ceremonial marriage in the state in which we legally reside.
- G. We are jointly responsible for each other's common welfare and share financial obligations.
- H. We mutually assumed all marital duties and obligations that attend ceremonial and common law marriages alike.
- I. We can and will, demonstrate our joint responsibility for each other's common welfare and financial obligations by providing proof of the existence, for a minimum of six (6) months preceding the execution of this declaration, of at least three of the following:
 - i. joint mortgage or lease or other written evidence of common residence, such as joint utility bills;
 - ii. joint checking account;
 - iii. joint credit account;
 - iv. joint ownership of motor vehicle;
 - v. designation of common law spouse as primary beneficiary in will;
 - vi. designation of common law spouse as primary beneficiary of life insurance policy or retirement plan funds;
 - vii. durable property or health care power of attorney;
 - viii. share the same surname

III. Termination of Common Law Marriage

- A. We understand and acknowledge that, consistent with state law, should we ever decide to dissolve this marriage, we must obtain either a divorce or annulment pursuant to state law. We agree to notify the University within 30 days of this change in our status. We understand that coverage for the former spouse of the University employee will terminate under the University's active employee health coverage on the last day of the month that eligibility for that coverage ceased. We understand and acknowledge that if we obtain a divorce, the spouse of a participant in a qualified retirement plan may be entitled to a portion of the participant's benefit.

B. I, understand that a subsequent Declaration of

Employee (print)

Common Law Marriage cannot be filed until at least six (6) months after the date of the divorce or annulment terminating the common law marriage established by this declaration.

IV. Financial Implications

- A. We understand and acknowledge that our marriage may have tax and other legal consequences.
- B. We understand and acknowledge that any benefits which a participant under a qualified retirement plan shall be entitled to spousal consent requirements and joint and survivor annuity requirements if applicable imposed on such plans under federal law.
- C. We also understand that, as a result of a false statement in this Declaration by either declarant, University reserves the right to take any and all actions necessary to recover sums for benefits to which a person was not entitled and to take disciplinary action up to and including termination of employment.

V. Acknowledgement:

We, _____ and _____, declare
Employee (print) Spouse (print)

under penalty of perjury that the above statements are true and correct.

Employee's Signature

Date

Employee's Social Security Number

Employee's Date of Birth

Spouse's Signature

Date

Spouse's Social Security Number

Spouse's Date of Birth

Employee's/ Spouse's Home Address

Received by GW Benefits Administration Department

Signature

Title

Date

Benefits Administration Department
45155 Research Place #160 Ashburn VA, 20147
Scan at [email to benefits@gwu.edu](mailto:benefits@gwu.edu)
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