CommunityCare Life & Health Insurance Company
and
CommunityCare HMO
Attention: Enrollment Services
218 W. 6th Street
Tulsa, Oklahoma 74119

Common Law Marriage

WE, THE UNDERSIGNED, advise Community Care Life & Health Insurance Company that we have entered into a Common Law Marriage and reside as husband and wife at

_____

Street Address City State Zip

Our marriage date is _____

WE AFFIRM that we have an actual and mutual agreement between us to be husband and wife, we are not married to other persons and have no other disabilities which prevent us from entering into an agreement to be husband and wife, we have a permanent and exclusive relationship between us, and we hold ourselves out publicly as husband and wife.

WE AFFIRM that dissolution of the marriage will require legal divorce proceedings.

WE FURTHER UNDERSTAND that this marriage affects our benefit program as provided by CommunityCare Life & Health Insurance Company, as well as our legal status under the laws of Oklahoma.

EXECUTED this _____ day of _____ , _____

_____ _____
Notary Name Employee Signature

_____ _____
Notary Signature Employee Social Security Number

_____
Spouse Signature