

DECLARATION OF MARRIAGE

I. Statement of Marriage

We, _____ and _____,
employee (print) spouse (print)
state that we were legally married on _____
(date)

II. Certification of Marriage

We have provided proof of our marriage in the form of our marriage certificate legally recognized by the state in which we reside and it is attached.

III. Termination of Marriage

We agree to notify the University, through a memorandum to the Human Resources Office, if there is any change in the status of our marriage which would make the non-employee spouse ineligible for University benefits. We understand that this memorandum must state that a copy of it has been mailed or otherwise provided to the other party by the party authorizing the action. We agree that this notification will occur 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.

IV. Acknowledgement

We, _____ and _____, declare
Employee Spouse

under penalty of perjury that the statements above 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

Received by Division of Human Resources:

Benefits Signature

Date

Data Management Signature

Date