

**University of Pennsylvania/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 the University of Pennsylvania. In addition, I further declare that we meet the following criteria of common law marriage:

- a. I filed a federal tax return claiming the filing status of
  - Single
  - Head of Household
  - Married, filing jointly
  - Married, filing separately
- 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 we 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  
(Date)  
residence 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 University'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 the University'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 the University 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 the University'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 the University may recover any benefits improperly paid and that the University 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

## University of Pennsylvania/Benefits Office

### Affidavit of Common Law Marriage

#### II. Spousal Declaration

Please complete the following in the presence of a Benefits 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 the University of Pennsylvania. In addition, I further declare that we meet the following criteria of common law marriage:

- a. I filed a federal tax return claiming the filing status of
  - Single
  - Head of Household
  - Married, filing jointly
  - Married, filing separately
- 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 we 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  
(Date)  
residence 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 the University'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 the University'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 the University 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 the University'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 the University may recover any benefits improperly paid and that the University 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