

# Request for Enrollment of Common-Law Spouse

*This form must be completed and returned to Rocky Mountain Health Plans (RMHP) before enrollment of a common-law spouse will be considered. Submitting this form means you are requesting RMHP to consider enrollment of a common-law spouse of Subscriber.*

## Statement of Common-Law Marriage

We, the undersigned, being of lawful age, attest to the following facts:

1. From \_\_\_\_\_, year \_\_\_\_\_, to the present date set forth below, we have professed to be and agreed to be husband and wife, and we have held ourselves out to the community as being married. During this period, we have lived together continuously as husband and wife.
2. We are both 18 years of age or older.  
  
Parental or guardian consent was obtained from \_\_\_\_\_
3. There is no legal impediment to our marriage, including but not limited to a prior marriage of either party that has not been legally terminated by death or divorce.
4. \_\_\_\_\_ is currently or is applying to be an RMHP subscriber, and  
  
\_\_\_\_\_ is his/her lawful spouse by virtue of common-law marriage, who desires to be covered as an eligible dependent pursuant to the rules and regulations of RMHP.
5. The following children have been born to us, and we hereby acknowledge such children to be our lawful issue:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned swear and affirm that the above facts are true.

Name of Subscriber (Please Print):	Signature of Subscriber:	Date:
Name of Spouse/Dependent (Please Print):	Signature of Spouse/Dependent:	Date:

Return to:  
Rocky Mountain Health Plans  
PO Box 10600  
Grand Junction, CO 81502-5600