



Office of Management and Enterprise Services
Employees Group Insurance Division
3545 N.W. 58th, Suite 110, Oklahoma City, OK 73112

COMMON LAW SPOUSE CERTIFICATION

SSN or Member ID # _____

I certify the person listed as my spouse and I have an actual and mutual agreement between ourselves to be married, that this is a permanent relationship, that our relationship is exclusive, as proven by our cohabitation as spouses, and do hereby hold ourselves out publicly as married.

I am aware that this relationship can only be dissolved by legal divorce.

Employee Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

This form does not need to be submitted to Employees Group Insurance Division. However, completion of this form is required by State Statute and should be retained in the entity's files for auditing purposes. In case of an audit, you may be required to produce this document. Failure to produce this document when requested could result in disqualification of the member's covered dependent.