PUBLIC EDUCATION BENEFITS TRUST

Please return completed form to your District Benefits Administrator.

Common Law Spouse Declaration

Employee Common Law Spouse Declaration

Employee's Last Name	First Name	Initial	District #

Please insure my common law spouse, _____ for the following benefits as of _____:
(full name of common law spouse) (Coverage effective date)

- ❑ Extended Health Care
- ❑ Dental Care

Date co-habitation began: _____

Common law spouse definition: A person of the opposite or same sex, who has been residing with the Employee for a continuous period of at least 1 year, and is publicly represented as the Employee's spouse.

I hereby certify that my spouse meets the definition of common law spouse as defined above.

Employee Signature _____ Date Signed (yyyy/mm/dd) _____