

State of South Carolina )  
 )  
County of \_\_\_\_\_ )

**COMMON LAW MARRIAGE AFFIDAVIT**

1. We hereby certify under penalty of perjury that all information in this Common Law Marriage Affidavit is true and correct to the best of our knowledge.
2. This affidavit is submitted for the purposes of adding a common law spouse to the subscriber's insurance coverage.
3. We attest that, on or about \_\_\_\_\_ (date of marriage), we entered into a valid common law marriage under the laws of the State of South Carolina.
4. We are mentally competent to contract, neither of us is married to anyone else, and we are not related by blood to a degree which would prohibit marriage in South Carolina.
5. We agree to provide this Affidavit to PEBA Insurance Benefits and further agree that this Affidavit (or copies of it) may be provided by PEBA Insurance Benefits to its third-party administrators and insurance carriers.
6. We understand that coverage may be canceled, we may be reported to the Attorney General's Office for investigation, and we may be responsible for repaying claims paid by PEBA Insurance Benefits and any insurance carriers in the event of fraud or misrepresentation regarding any statement contained in this Affidavit.
7. We understand that by signing we are attesting under the penalties of perjury that we are married under South Carolina law and have all the legal responsibilities and obligations of a marital relationship, and that only a divorce proceeding can terminate the marital relationship.
8. We understand that in order to remove a Common Law Spouse from my insurance coverage after filing this document, I must either: (1) present to PEBA Insurance Benefits proof of the divorce; (2) present to PEBA Insurance Benefits proof of the death of my Spouse; or (3) wait for an open enrollment period or special eligibility situation, such as a gain of other coverage, as described in the Insurance Benefits Guide.

Signatures:

_____	_____
Subscriber	Common Law Spouse
_____	_____
Subscriber Name	Common Law Spouse Name
_____	_____
BIN or SSN	SSN

Sworn to (or affirmed) and subscribed before me

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Notary Public of South Carolina (Signature)