SIGNING THIS FORM SOLELY FOR PURPOSES OF OBTAINING HEALTH COVERAGE OR BENEFITS WITHOUT THE INTENT TO CREATE OR AFFIRM A LEGAL MARRIAGE FOR ALL PURPOSES IS HEALTH CARE FRAUD AND YOU MAY BE PROSECUTED. DO NOT SIGN THIS DOCUMENT IF YOU HAVE ANY RESERVATION REGARDING BEING LEGALLY MARRIED FOR ALL PURPOSES TO THE OTHER PERSON WHO IS SIGNING IT. BECAUSE YOUR GROUP HEALTH PLAN HAS A COORDINATION OF BENEFITS PROVISION, THIS INFORMATION MAY BE SHARED WITH MEDICARE, MEDICAID, WORKERS' COMPENSATION CARRIERS AND OTHER INSURANCE CARRIERS AS NEEDED TO DETERMINE APPROPRIATE BENEFIT PAYMENTS UNDER THE PLAN.

## **AFFIDAVIT**

We, the undersigned, being both				
will, have mutually consented a 20 liv				
, 20, liveach other the relationship of hu	usband and wife and to	assume towards each of	ther all of the responsibiliti	ies
and duties the law attached to so	uch relationship.*			
Covered Person/ Employee (Print)	Age			
		Address		
Covered Person/ Employee (Signature)				
Covered Person/ Spouse (Print)	Age			
		Address		
Covered Person/ Spouse (Signature)				
Signed at,		s day of	, 20	
City	State			
	Subse	cribed and Sworn to, be	fore me, this	
		_day of	, 20	
(SEAL)		Notary Public		
	Resid	ling at:		
		Commission Expires:		

\*Signing this Affidavit may have the same effect as a marriage ceremony and license. It creates a legal marriage in the State of Montana, which also may be recognized by other states. By signing this Affidavit you may become subject to the divorce laws of this State or any other state where you may reside in the future, including laws regarding spousal support (alimony), child support, paternity, and property division. You may also become subject to state laws that make you liable for the debts of your spouse for food, shelter and medical care; laws regarding homestead rights in any property you may own and laws of inheritance, and transfer of your property upon your death, to a surviving spouse, and to criminal and civil bigamy laws.