



COMMON LAW SPOUSE CERTIFICATION

SSN or Member ID#_				
I certify the person liste between ourselves to b relationship is exclusive hold ourselves out publ	e married, this is , as proven by c	a permanent re	lationship, and	our
I am aware that this re	lationship can	only be dissolv	ed by legal div	vorce.
Employee Signature _			Date __	
Spouse Signature			Date _	
	Office of Managen Employees G	nis certification nent and Enterpris roup Insurance Di klahoma City, OK	se Services vision	nployees Group
If you have any questio	ns, please conta	ct EGID Membe	r Services at 4	05-717-8780 or

Current employees do not need to submit this form to EGID. 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 comply when requested could result in disqualification of the member's covered dependent. If you have any questions, please contact your Insurance Coordinator.

toll-free 800-752-9475, Monday through Friday, 8:00 a.m. to 4:30 p.m. Central time.

TTY users call 711.