

AFFIDAVIT

STATE OF _____

COUNTY OF _____

EMPLOYEE SSN _____

Affiant, _____, being first duly cautioned and sworn according to law,
(Print name)
deposes and states the following:

1. My name is _____. My current residential address is:
(Print name)

(Street Address)

_____, _____, _____
(City) (State) (Zip)

2. I am legally married to _____ (“Spouse”).
(Print name of Spouse)

3. I was legally married to my Spouse as of January 1 of the same year in which this affidavit is signed, and I am not a party to a legal separation from my Spouse.

4. I have reviewed the eligibility requirements regarding enrollment under the _____ (the “Plan”).
(Print Name of Employer Plan)

5. I am an Employee, as defined by the Plan, and I confirm that my Spouse is eligible to be enrolled for benefits under the Plan.

6. I am more than eighteen (18) years of age. I am of sound mind, and am fully competent to testify herein. I have personal knowledge of all facts and statements contained in this affidavit, except as otherwise stated herein, and I swear that they are true and correct.

FURTHER AFFIANT SAYETH NAUGHT.

(Signature)

(Notary Print Name)

Sworn to and subscribed in my presence on this _____ day of _____, 20_____.

Notary Public – State of Ohio

My commission expires: _____