

**AFFIDAVIT**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

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. My Spouse is an Employee, as defined by the Plan, and I confirm that I am 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.

\_\_\_\_\_  
(Print Name)

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

\_\_\_\_\_  
Notary Public – State of Ohio

My commission expires: \_\_\_\_\_