



COMMON LAW MARRIAGE DECLARATION FORM

INSTRUCTIONS: Send completed DS-5156, Common Law Marriage Declaration Form, to the HR Service Center at HRSC@state.gov or via fax to 1-843-202-3807.

An employee's enrollment may cover a common law spouse under the FEHB Program only if the marriage was initiated within a State that recognizes such a marriage. **The enrollee must provide the following declaration if no court order or judgment recognizing the marriage is submitted.**

1. Employee Name		2. Spouse Name	
3. Date of Marriage (mm-dd-yyyy)	4. Place of Marriage		5. Length of Cohabitation

6. List Address(es) of Cohabitation

7. Are you and your spouse regarded as married by neighbors, friends, and relatives?
 Yes No

8. Have you previously been married? (If yes, complete the details below.)
 Yes No

Date of Marriage	State or Country of Marriage	Date of Termination	State or Country of Termination	Manner of Termination

9. Has your spouse previously been married? (If yes, complete the details below.)
 Yes No

Date of Marriage	State or Country of Marriage	Date of Termination	State or Country of Termination	Manner of Termination

WARNING: Any intentionally false statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.(18 U.S.C. 1001).

10. Employee Signature

Additional Documentation Required
Please attach one of the following sets of documents listing you (enrollee) and your spouse:

- The front page of the most recent tax year's Federal or State tax return; or
- Proof of common residency (e.g., utility bill, other household bill, auto registration) and proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy)

NOTE: Enrollee should remove personnel financial information and Social Security Numbers before submission of documentation to HRSC@state.gov.

To be completed by agency or retirement system

REMARKS (include description of types of documents reviewed and findings)

1. Date Received (mm-dd-yyyy)

2. Effective Date of Action (mm-dd-yyyy)

3. Personnel Telephone Number

4. Name and Address of Agency of Retirement System

5. Authorized Official (Please Print)

6. Signature of Authorized Agency Official

Employing offices must add a copy of the common law marriage declaration (without the supporting documents) to the employee's Official Personnel Folder or equivalent personnel file and send a copy to the FEHB Carrier.

PRIVACY ACT STATEMENT

AUTHORITIES: This information is sought pursuant to 5 CFR 890.101 and 5 USC 8319(b).

PURPOSE: The information solicited on this form will be used to comply with the Federal Employees' Health Benefits (FEHB) Program - 83 FR 3059, which establishes family member eligibility verification for FEHB coverage. The information furnished may also be used to certify that certain FEHB Program requirements are met. STATE 31, Human Resources Records.

ROUTINE USES: The information in this form may be shared with the employee's FEHB Carrier which is required to establish family member eligibility verification for FEHB coverage.

DISCLOSURE: Providing personal information is voluntary. Failure to provide the information requested on this form may result in denial of health insurance for your eligible common law spouse.