

7. _____ is currently a participant under the
Employee
 the _____ and _____.
Health plan Dental Plan Spouse name
 Is his/her spouse who desires to be covered as an eligible dependent pursuant to
 the rules and regulations of Aurora Public Schools health and dental plans.

I agree to provide both the health and/or dental plan proof, if requested, which it
 considers acceptable (such as a copy of my income tax form, legal adoption or legal
 guardianship papers) that my spouse or child(ren) qualifies as a Dependent under my
 coverage.

 Name of Subscriber (Print) Signature of Subscriber Date

 Name of Spouse (Print) Signature of Spouse Date

Sworn to before me this _____ day of _____, 20_____

 Notary Public
 expires

 Notary commission

**PLEASE BE ADVISED THE STATE OF COLORADO LAW VIEWS COMMON LAW
 MARRIAGE AS A LEGAL INSTITUTION, THEREFORE, TERMINATION OF A COMMON
 LAW MARRIAGE CAN ONLY BE ACCOMPLISHED THROUGH A COURT OF LAW.**