



Affidavit of Current Marital Status

Before me, _____, a Notary Public in and for said County, in said State,
personally appeared _____ and _____
who are known to me and who, being duly sworn, depose and say as follows:

1. We are currently married in the jurisdiction indicated below. All appropriate marriage certification documentation has been filed in the jurisdiction in which the marriage occurred.
2. I agree to notify the UFCW Unions and Food Employers Benefit Fund within 30 days if there is any change in our marital status that would make my spouse no longer qualified for benefits.
3. We certify under penalty of perjury, that the forgoing is true and correct. I understand as a member that willful falsification of information on this Affidavit may lead to loss of coverage and benefits.
4. We understand that should a change in our marital status occur and we fail to notify the Fund immediately of any such change, we will be held responsible for any benefit overpayments and agree to reimburse the Fund for all such overpayments of claims or HMO premiums, as applicable.

_____	_____	_____
Date of Marriage	State/Country of Marriage	
_____	_____	_____
Name of UFCW Participant (please print)	Signature of UFCW Participant	Date
_____	_____	_____
Name of Spouse (please print)	Signature of Spouse	Date

THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED, AND SEALED BY A NOTARY PUBLIC.

Subscribed and sworn to before me this _____ day of _____, 20____.

[NOTARY SEAL]

My commission expires:

_____ 20____

County

State