



Member name	SSN or Member ID
Spouse name	SSN
<b>SIGNATURES</b>	
I certify the person listed as my spouse and I have an actual and mutual agreement between us to be married, that this is a permanent relationship and our relationship is exclusive, as proven by our cohabitation as spouses. We do hereby hold ourselves out publicly as we are married. I am aware that this relationship can only be dissolved by legal divorce.	
Member signature	Date
Spouse signature	Date

**Current employees:** Return this form to your insurance coordinator. It does not need to be submitted to EGID. However, completion of this form is required by state statute and should be retained in the entity's files for auditing purposes. In case of an audit, you may be required to produce this document. Failure to comply when requested could result in disqualification of the member's covered dependent. If you have any questions, please contact your insurance coordinator.

**Former employees:** Mail or fax this form to EGID, Attn: Member Accounts:

EGID  
P.O. Box 11137  
OKLAHOMA CITY, OK 73136-9998

Fax: 405-717-8939