

**Devereux
Affidavit of Marriage**

Name: _____

Center Name: _____

Address: _____

I. Declaration

We declare that we are legally married to each other and that we are each other's spouse. We were joined in marriage on

_____, in _____.

Date of Marriage

Place of Marriage

II. Other Acknowledgements

1. We understand that either a Marriage Certificate or an Affidavit of Marriage must be filed to be eligible for coverage under Devereux's benefit plans and that filing this affidavit does not enroll us in any benefits.
2. We acknowledge that filing this Affidavit does not automatically result in the naming of the spouse as beneficiary for the employee life, retirement or any other potential benefit. The employee must complete the appropriate forms for enrollment and the appropriate beneficiary designation forms for applicable benefits. We understand that we will need to complete other enrollment procedures in order to enroll in any Devereux benefit plan.
3. We certify that the information we have provided on this form is true and correct. Any statements on this form which are known to be false may be cause for disciplinary action, including loss of benefits or termination of employment.
4. We understand that any person/employee/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorney's fees.
5. We have provided the information in this Affidavit for use by Devereux or its agent for the sole purpose of determining our eligibility for Devereux benefits. No other parties shall have any rights under this Affidavit.

III. Signature and Important Information

Note: You are urged to seek appropriate advice before signing this Affidavit. There may also be other implications to signing this document. Finally, you are also urged to seek independent tax advice.

Employee Information

Spouse Information Male Female

Name (Print)

Name (Print)

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Daytime Phone Number

Date of Birth

Signature

Date

Signature

Date

**Sworn to and subscribed
before me this ____ day
of _____, 20____**

Notary Public