



SISC

Self-Insured Schools
of California
Schools Helping Schools

AFFIDAVIT OF MARRIAGE

I hereby certify that on the _____ day of _____, in the year _____,
DAY OF MONTH OF MARRIAGE MONTH OF MARRIAGE YEAR (YYYY) OF MARRIAGE

in the state (or Country if outside the U.S.) of _____,

that I, _____, was legally and ceremonially married to
PRINT OR TYPE NAME (EMPLOYEE)

_____, and continue to be married as of this date.
PRINT OR TYPE NAME (SPOUSE)

The representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief. This notarized form and a copy of our marriage certificate will be submitted to SISC as proof eligibility.

I acknowledge this affidavit is a legally binding document. By signing this document below, I agree, pursuant to Government Code section 22818(a)(3), that I may be required to reimburse my employer, the health benefit plan, and/or SISC for any expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of the person I claim as my spouse/domestic partner, if any information submitted in this document is found to be inaccurate or fraudulent. I further agree to notify my Personnel Office or SISC immediately of any changes pertaining to marital status.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: _____, 20 _____

SIGNATURE (EMPLOYEE)

PRINT OR TYPE NAME (EMPLOYEE)

SIGNATURE (SPOUSE)

PRINT OR TYPE NAME (SPOUSE)

| | | | |
|-----------------|-------|-----|--|
| Mailing Address | | | |
| City | State | Zip | |

A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California **NOTARIZATION IS REQUIRED**
County of _____

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

[SEAL]