

**REQUEST FOR INSURANCE COVERAGE
FOR COMMON LAW SPOUSE**

Attachment to the IBBP Health/Dental Change Form or IBBP Health/Dental Application

(Please print or type)

Name of Employee _____

Employer _____

Name of Common Law Spouse _____

We hereby attest that we have met the following conditions which are necessary to be considered married by *common law* in the State of Iowa*:

1. We have the present intent and agreement to be husband and wife;
2. We present our relationship to the public as that of a "married" couple;
3. We have had continuous cohabitation.

DATE ABOVE CONDITIONS WERE MET: _____

We request that Iowa Bankers Insurance & Services, Inc. provide family insurance coverage as allowed under the current employee benefit plans.

Employee Signature Date Common Law Spouse Signature Date

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

Notary Public

1. *For the legal effect of this document you should consult your own attorney.