Declaration of Marriage



and		
Employee Last Name / First Name (print)	Spouse Last Name	/ First Name (print)
I/We declare:		
We are legally married to each oth	er and to no one else.	
 We will notify Human Resources if days of said legal separation documentation of a legal separation 	or divorce by providing a	• ,
 We understand that any intentionally false or misleading statements made in order to receive benefits for which we do not qualify may subject the employee of the City of Bellevue to disciplinary action up to and including termination, loss of benefits and an obligation to reimburse the City of Bellevue for any costs involved in providing benefits coverage. 		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
Executed on day of 202, at		Employee Signature
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
Executed on day of 202, at	, WA	Spouse Signature

Return this completed form to: City of Bellevue Human Resources Department PO Box 90012 Bellevue, WA 98009-9012

Declaration of Marriage Explanation

In June of 2007, Bellevue City Council made a change to Section 3.79.135 of the Bellevue City Code which requires that an employee and spouse declare their marriage to <u>establish eligibility for benefits for a spouse</u>.

This Declaration of Marriage form is required to elect health insurance coverage for a spouse or to use sick leave to care for a spouse.

Questions regarding this form? Contact Michelle Robinson, HR Benefits Administrator, 425.452.4585.