
**STATEMENT OF
MARRIAGE**

Use of this form does not eliminate the additional steps required to recertify your covered legal spouse. You are still required to also verify your dependent type and provide Bolton other supporting documentation dated within 6 months establishing your current marital status (refer to [Dependent Eligibility Matrix.](#))

I DECLARE THAT THE INFORMATION BELOW IS TRUE AND CORRECT:

To continue receiving health insurance coverage for my covered dependents on Montgomery County's Group Insurance Programs, I certify that I, _____, was legally

(Employee or Retiree Name)

married to _____ on the _____ day of

(Legal Spouse Name)

(Day of Month)

_____, in the year _____, in the State of _____,

(Month)

(Year)

(State)

Signature of Employee or Retiree: _____

(Employee or Retiree Name)

Date: _____

(Date Witnessed by Notary)

Signature of Legal Spouse: _____

(Legal Spouse Name)

Date: _____

(Date Witnessed by Notary)

Employee/Retiree Bolton Reference Number*: _____

**Bolton Reference Number can be found at the top of the Bolton Announcement Letter.*

ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of _____

County of _____

On this ___ day of _____, 20___, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person or persons whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

[Notary Seal]

[Name]
Notary Public

My Commission expires: _____
