

THE NAVAJO NATION EMPLOYEE BENEFITS PROGRAM
AFFIRMATION OF COMMON LAW MARRIAGE PROCEDURES

PURPOSE

The Common Law Marriage Procedures allow eligible employees of the Navajo Nation Government, its Enterprises and Entities the opportunity to elect coverage for common law spouse. The attached "Affirmation of Common Law Marriage" form has been developed for use by the Navajo Nation Employee Benefits Program to enroll eligible common law spouse as a covered dependent under the plan. Coverage includes the group life insurance and group health insurance coverage as provided in the Navajo Nation Employee Benefits Plan, Plan Document.

ENROLLMENT

It is the responsibility of the eligible employee to complete an enrollment form and the Affirmation of Common Law Marriage form for the eligible common law spouse to obtain coverage. All coverage and claim provisions will be pursuant to the current Navajo Nation Employee Benefit Plan, Plan Document.

EFFECTIVE DATE OF COVERAGE

A SPECIAL OPEN ENROLLMENT period will be offered beginning July 2, 2012, through August 31, 2012, to allow enrollment to those who were not afforded the opportunity during their initial qualification period as provided for in the plan. The effective date of coverage will begin the first of the month following the date the employee completes a change form with a completed Affirmation of Common Law Marriage form.

All other applications not covered in the SPECIAL OPEN ENROLLMENT requirement will follow the *Enrollment, Eligibility, Effective Date and Termination of Coverage Provisions* in accordance to the current Navajo Nation Employee Benefit Plan, Plan Document.

CHANGE IN COMMON LAW SPOUSE COVERAGE STATUS

It is the employee member's responsibility to provide written notification of any change in the common law spouse status including *marriage, divorce or legal separation*.

REMOVAL OF A DEPENDENT FOR COVERAGE

It is the employee member's responsibility to notify the employer participant if a covered dependent is to be removed from coverage within thirty-one (31) days of a change that may occur. Failure to provide notification could result in the recovery of benefit payments made on behalf of a dependent when there was no coverage at the time services were provided.

TERMINATION

All terminations will follow the *Enrollment, Eligibility, Effective Date and Termination of Coverage Provisions* pursuant to the current Navajo Nation Employee Benefit Plan, Plan Document.