



DEPENDENT VERIFICATION CENTER  
P.O. BOX 1415  
LINCOLNSHIRE, IL 60069-1415

12/19/2013

Return Service Requested

0000-1-1 HAE2 1034383 12-19-2013

SALLY TEST

123 MAIN STREET

LOVELY, CA 75254



## THE CONOCOPHILLIPS AFFIDAVIT OF COMMON LAW MARRIAGE

Per your request, enclosed is the Affidavit of Common Law Marriage. Please complete and submit it back to the Dependent Verification Center for processing.

If you have questions, please call the Dependent Verification Center at 800-622-5501 or 718-354-1344 from 8 a.m. to 6 p.m. Central Time, Monday through Friday.

Thank you.

Dependent Verification Center

PH: 800-622-5501

FX: 877-965-9555



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**ConocoPhillips Medical and Dental Assistance Plan (Plan)  
AFFIDAVIT of Common Law Marriage**

We, the undersigned, being of lawful age, attest to the following facts:

We agreed and intended to be married to each other and have lived together continuously as husband and wife from \_\_\_\_\_(MM/DD/YYYY) to the present. During this period we have professed to be husband and wife and we have held ourselves out to the community as being married.

Are there any legal reasons you could not be married, for example a prior marriage of either of you that has not been legally terminated by death or divorce? Yes\_\_\_\_\_ No\_\_\_\_\_

(If 'Yes', please explain)\_\_\_\_\_

It is understood and agreed that the foregoing answers are true and shall be the basis for the issuance of the coverage applied for, and that the omission or misstatement of any material information in answering the foregoing questions shall void the coverage.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

**NOTARY PUBLIC:**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*This brief description of the Plan is meant to provide general information, but your entitlement to any benefits is governed by the actual terms and conditions of the Plan and arrangements for employees/retirees of ConocoPhillips Company. Eligibility, benefits, claims, participant rights, Plan administration, and other provisions are described in the Employee/Retiree Benefit Handbook and other materials furnished to you. The Plan sponsor reserves the right to amend or terminate this Plan or arrangement at any time, in its sole discretion, according to the terms of the Plan or arrangement. If you are in a job represented by a collective bargaining unit, the bargaining agreement may affect or alter the information shown in this summary.*

