



**AFFIDAVIT OF
LAWFUL MARRIAGE**

I, _____, being first duly sworn deposes and states as follows:
Subscriber Name

That _____, is known to me as my lawful spouse.
Spouse Name

That we were lawfully married on _____, in the City, State of _____.
Date *Place of Marriage*

That we maintain the same residency as husband and wife since _____.
Date

That we presently reside at the following address _____.
Place of residency

That when my dependent spouse no longer meets the eligibility criteria defined by NetCare, I understand fully that membership for said dependent will terminate.

That it is my lawful duty to notify **NetCare Life and Health Insurance Company** immediately should residency of the above named dependent in my home ends.

Subscriber Signature

Guam U.S.A. }
 }
 }ss
City of Hagatna }

Subscribed and sworn before me this _____ day of _____, 20__

Notary Public
In and for the Territory of Guam
My commission expires _____