For MPE use only:_____

Massachusetts Public Employees Fund
Vision and Dental Health Plans

Legal Spouse Attestation Form

You have requested that an individual be added to your vision and dental health care plans as a current spouse. The Fund provides benefits to your spouse if you are ***currently*** legally married under the laws of the Commonwealth of Massachusetts. **This form must be notarized.**

Name of Spouse: Date of Birth:

_____ _____

Under penalties of perjury, I certify that the above named individual qualifies under the Fund's definition of a legal spouse, per the guidelines of the Fund. I understand that that the Fund reserves the right to request additional documentation to support this information, including transcripts of my federal tax return Form 1040. Failure to provide additional documentation upon request may result in my being responsible for repayment of any claims paid on behalf of the above named dependent.

Name of Fund Member_____

Signature of Fund Member:_____ Date:_____

Notary:

State of _____)

County of _____)

I, _____, a Notary Public, do hereby certify that on this

_____day of _____ 2022, personally appeared before me _____,

known to me to be the person whose name is subscribed to the foregoing instrument, and swore and

acknowledged to me that s/he executed the same.

IN WITNESS THEREOF, I have set my hand and seal the day and year as above written.

My commission expires:_____ Printed Name_____

Notary Signature_____

Notary Seal/Stamp

Due to privacy laws, the Fund cannot accept emails containing sensitive enrollment information. You must either mail or fax all documents to the address/fax number below.

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