



## AFFIDAVIT FOR SPOUSAL ELIGIBILITY

Complete this form to enroll your lawful spouse in your dental benefit

You are enrolled in the Pro Football Retired Players Association (PFRPA) Dental Plan as a class member of the NFL Image and Likeness Lawsuit Settlement (Dryer, et al. v. National Football League).

You may add your spouse to your dental plan by certifying below, under penalty of perjury, that the person identified below is your lawful spouse, as recognized under applicable state law.

### Important facts about adding your spouse:

- Your \$3,000 annual maximum benefit will be shared by you and your spouse. The total benefit available to both of you is a **combined** \$3,000.
- Your spouse will not receive a separate ID number. The number on your ID card should be used by you and your spouse when filing claims or calling regarding benefits.
- You agree to notify PFRPA Dental Plan Customer Service at 855-497-6675 within 30 days in the event of divorce.

Spouse Information	
Spouse Name (Please print)	Spouse Date of Birth

By signing below, I certify that the spouse listed above is my lawful spouse; I agree to add spouse to my dental benefit provided by PFRPA; and I understand the \$3,000 annual maximum will be the shared total. I also agree to notify Customer Service within 30 days in the event of divorce.

Player Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Player Phone Number: \_\_\_\_\_ Player Email: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form to:**  
**Fax: 855-471-9770 or**  
**Email: [membership@pfrpa.com](mailto:membership@pfrpa.com)**