

Common Law Spouse Declaration

I, _____, residing at _____
(name)

_____, in the Province of _____
(address) (province)

and being a Member of _____
(name of Health Benefit Plan)

do solemnly declare:

1. That I am presently entitled to receive benefits under the above referenced Health Benefit Plan and that I desire to have my common-law spouse receive benefits under said Plan.
2. That the full name of my common-law spouse is:

_____.

3. That my common-law spouse and I have been living together as man and wife in a common-law marriage relationship for a minimum period of twelve (12) months prior to the date of this declaration and continue to do so as of the date of this declaration.
4. That we are presently residing together at:

_____.

5. I understand that I am entitled to cover only one common-law spouse in any twelve (12) month period.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me }
At }
In the Province of }
This day of }
A.D. }

(Member's signature)

(Notary Public/Commissioner)