

# NDT Industry Health Benefit Plan

## Common-Law Spouse Declaration Form

To add a Common-Law Spouse to your benefit coverage, please complete this form in full, along with a new *NDT Industry Health Benefit Plan Application for Enrolment and Beneficiary Designation Form*.

MEMBER NAME	I.D. / CERTIFICATE #
(Surname, Given Name & Initials)	

I, \_\_\_\_\_ declare that I am living with and have publicly represented  
 \_\_\_\_\_  
*Member's Name*

\_\_\_\_\_ as my Spouse since \_\_\_\_\_.  
 \_\_\_\_\_  
*Common-Law Spouse Name* *Date Cohabitation Began*

I declare that the following are my children or my Common-Law Spouse's children, as defined above, and are wholly dependent on me in accordance with the provisions of the Federal Income Tax Act.

_____	_____
<i>Child's Name</i>	<i>Child's Name</i>
_____	_____
<i>Child's Name</i>	<i>Child's Name</i>
_____	_____
<i>Child's Name</i>	<i>Child's Name</i>

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### THIS FORM MUST BE WITNESSED BY TWO PERSONS

**Witness #1:** I, \_\_\_\_\_ declare that  
 \_\_\_\_\_  
 Witness Name, Address & Phone Number

\_\_\_\_\_ has been living with \_\_\_\_\_ and he/she has  
 publicly represented her/him as their spouse for a period of at least 12 months.

**Witness #1 Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness #2:** I, \_\_\_\_\_ declare that  
 \_\_\_\_\_  
 Witness Name, Address & Phone Number

\_\_\_\_\_ has been living with \_\_\_\_\_ and he/she has  
 publicly represented her/him as their spouse for a period of at least 12 months.

**Witness #2 Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_