

# N.D.T. Industry Health Benefit Plan

4250 CANADA WAY, BURNABY, BC V5G 4W6

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[www.ndtbenefits.org](http://www.ndtbenefits.org)

## 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 N.D.T. Industry Health Benefit Plan Application for Enrolment 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' 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' Signature* *Date*