

# 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.

\_\_\_\_\_  
*Child's Name* *Child's Name*

\_\_\_\_\_  
*Child's Name* *Child's Name*

\_\_\_\_\_  
*Child's Name* *Child's Name*

**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 they have  
publicly represented them 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 they have  
publicly represented them as their spouse for a period of at least 12 months.

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

### PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATOR

NDT Industry Health Benefit Plan  
45 McIntosh Drive Markham, ON.L3R 8C7  
or submit by Fax: 905-946-2535  
Email: [questions@ndtbenefits.org](mailto:questions@ndtbenefits.org)

Privacy Statement: I authorize the NDT Industry Health Benefit and Pension Plans (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.