



Human Resources Dept.
Pension & Benefits 2004
**Common-law Spouse
Declaration Form**

Submission Date: (YYYY/MM/DD)

I, _____, confirm that the person listed below is my common-law spouse as defined in the Group Insurance Benefits Contract and the Hospitals of Ontario Pension Plan Text, and that my relationship with this person has existed for a minimum of 12 months prior to the date of this declaration. This individual is the person I select to be covered for benefits as my spouse, and it replaces any other person designated as my spouse of any previous legal or common-law relationship.

Name of Common-Law Spouse:

Common-Law Spouse's Date of Birth:

(YYYY/MM/DD)

The following lists the names and dates of birth of any common-law children to be included for health/dental insurance purposes in accordance with the terms of the benefit contract:

FIRST & LAST NAME

DATE OF BIRTH

(YYYY/MM/DD)

(YYYY/MM/DD)

(YYYY/MM/DD)

Employee Signature:

Date Signed:

(YYYY/MM/DD)