



# IBEW LOCAL 353 Pension & Benefit Plans

## Declaration of Marital Status

In order to declare your marital status, please complete, sign and date this form and return the original to TEIBAS for processing. If you have any questions or need any assistance in completing this form please contact TEIBAS at 416-637-6789 or 1-800-267-0602 (toll free).

### 1. Member Information (please print clearly in ink) – Required

Social Insurance Number (SIN) - (optional)	PIN – 10-digit number found on drug card	
Last Name	First Name	Middle Initial(s)

### 2. Declaration

Under the **Local 353 Benefit Plan**, your “spouse” is the person you are legally married to and are currently living with in a conjugal relationship; or the person who is publicly presented as your spouse, who you are currently living with in a conjugal relationship and have been for at least **the past 12 months**. If you get separated or divorced, that spouse is no longer eligible for coverage - even if he or she continues to live with you.

Under the **Local 353 Pension Plan**, your “spouse” is the person with whom you are living with at the time of your death who is (a) married to you, or (b) not married to you and has been living with you in a conjugal relationship for at least **three years**, or (c) not married to you but living with you in a relationship of some permanence if you are the parents of your own or an adopted child as defined in the Family Law Act.

<b>DECLARATION</b>
I, _____ solemnly declare that my spouse, _____ and I are: (member name) (spouse name)
<input type="checkbox"/> Legally married to each other and not presently living separate and apart. Date of marriage: _____ (DD/MM/YYYY)
or
<input type="checkbox"/> Living together in a continuous conjugal relationship for at least the past 12 months. Date of cohabitation: _____ (DD/MM/YYYY)

<b>COMMISSIONER OF OATHS</b>	
Declared before me at _____ in the province of Ontario, this _____ day of _____, _____. (City, Town) (Month) (Year)	
Name of Notary or Commissioner:	Notary Seal or Commissioner Stamp:
Signature of Notary or Commissioner:	

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form, is correct and accurate to the best of my knowledge.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YYYY)



Please return the original form by mail or in person to:

TEIBAS | 110 Sheppard Avenue East | Suite 705 | Toronto ON, M2N 6Y8  
Phone 416-637-6789 | Toll-free 1-800-267-0602 | Fax 416-637-6790 | [www.teibas.com](http://www.teibas.com)