

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 related to this form you can email us at members@teibas.com or call us at 416-637-6789 or toll-free at 1-800-267-0602.

1. MEMBER INFORMATION: REQUIRED

Social Insurance No. (SIN): (optional)		PIN – 10-digit number on drug card:	
Last Name:		First Name:	Middle Initial(s):
Apartment No.:	Address:		
City:		Province:	Postal Code:
Home Phone:	Alternate Phone:	Email Address:	
Date of Birth: (DD/MM/YYYY)	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-Law <input type="radio"/> Separated/Divorced	

2. DECLARATION: REQUIRED

Under the IBEW 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 they continue to live with you.

Under the IBEW 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 but 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 biological or adoptive parents of dependant children as defined in the *Family Law Act*.

DECLARATION

I, _____ (member name) solemnly declare that my spouse, _____ (spouse name) and I are:

Legally married to each other and not presently living separate and apart. Date of marriage: _____ (DD/MM/YYYY)

OR

Living together in a continuous conjugal relationship for at least the past 12 months. Date of cohabitation: _____ (DD/MM/YYYY)

COMMISSIONER OF OATHS

Declared before me at _____ (City, Town) in the province of Ontario, this, _____ day of _____ (Month), _____ (Year)

Name of Notary or Commissioner:

Signature of Notary or Commissioner:

Notary Seal or Commissioner Stamp:

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, including information about my named spouse, is correct and accurate to the best of my knowledge.

Member Signature: _____ Date: (DD/MM/YYYY) _____