



**MOTION PICTURE WORKERS  
HEALTH BENEFITS TRUST**

**Return to:**

**J&D Benefits Inc.  
228-8901 Woodbine Avenue  
Markham, ON L3R 9Y4**

**Email: [iatse891@jdbenefits.com](mailto:iatse891@jdbenefits.com)**

**COMMON-LAW DECLARATION FORM**

**To be completed to add your dependents to your benefit coverage if you are living in a common law relationship**

<b>Member Name</b> <small>First Middle Init. Last</small>	<b>Union ID #</b>
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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 further declare that the following children of myself or spouse, as defined above, are wholly dependent on me in accordance with the provisions of the Federal Income Tax Act.

_____ <small>Child's Name</small>	_____ <small>Child's Name</small>
_____ <small>Child's Name</small>	_____ <small>Child's Name</small>
_____ <small>Child's Name</small>	_____ <small>Child's Name</small>

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness #1**

I, \_\_\_\_\_ declare that  
Witness Name, Address & Phone Number

\_\_\_\_\_ has been living with \_\_\_\_\_ and  
Member's Name Spouse Name

he/she has publicly represented her/him as his/her spouse for a period of at least 12 months.

\_\_\_\_\_ Witness' Signature

**Witness #2**

I, \_\_\_\_\_ declare that  
Witness Name, Address & Phone Number

\_\_\_\_\_ has been living with \_\_\_\_\_ and  
Member's Name Spouse Name

he/she has publicly represented her/him as his/her spouse for a period of at least 12 months.

\_\_\_\_\_ Witness' Signature

**Please contact J&D Benefits Inc. at 1-800-218-7018 if you have any questions regarding this form.**