



IATSE 891 | ACTIVE HEALTH PLAN

Return to:
J&D Benefits Inc.
228-8901 Woodbine Avenue
Markham, ON L3R 9Y4
Email: benefitsoffilm@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

Member Name (First, Middle Init., Last) and Union ID #

I, [Member's Name] declare that I am living with and have publicly represented [Common-law Spouse Name] as my spouse since [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. [Child's Name]

Member Signature: _____ Date: _____

Witness #1: I, [Witness Name, Address & Phone Number] declare that [Member's Name] has been living with [Spouse Name] and he/she has publicly represented her/him as his/her spouse for a period of at least 12 months. [Witness' Signature]

Witness #2: I, [Witness Name, Address & Phone Number] declare that [Member's Name] has been living with [Spouse Name] and 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