



# NOTIFICATION OF COMMON-LAW PARTNER

**Please print clearly in INK.**

Once you have completed this form and attached any additional documentation required, you must mail the original form to D&R Insurance Administration Inc., address found at the bottom of this form. If you have any questions, please call D&R Insurance at 905.819.9699 or toll free 1.800.521.0023.

|                                |           |           |                 |
|--------------------------------|-----------|-----------|-----------------|
| Name of Policyholder/Employer: |           | Policy #: | Certificate N°: |
| First Name                     | Last Name |           | Initial         |

**PLEASE COMPLETE THIS SECTION IN FULL**

I, \_\_\_\_\_ (EMPLOYEE) \_\_\_\_\_ HEREBY CERTIFY THAT I HAVE BEEN

CO-HABITATING WITH \_\_\_\_\_ (COMMON-LAW NAME IN FULL) AND HAVE BEEN REPRESENTING

HIM/HER AS MY SPOUSE SINCE \_\_\_\_/\_\_\_\_/\_\_\_\_ .  
(DD) (MM) (YYYY)

NOTE: To qualify, your partner must have been represented as your spouse for a minimum period of 12 consecutive months. Notification must be forwarded within 31 days of the date the member has met the minimum co-habitation requirement, otherwise evidence of insurability will be required for the common-law spouse. Coverage for your common-law spouse would not take effect until the date the medical evidence is approved by the Insurance Carrier. If approved, coverage may be limited for the first year.

|                      |                   |
|----------------------|-------------------|
| AUTHORIZED SIGNATURE | DATE (DD/MM/YYYY) |
|----------------------|-------------------|