STATUTORY DECLARATION OF COMMON-LAW PARTNER

IN THE MATTER OF ESTABLISHING ELIGIBILITY AS A COMMON-LAW PARTNER UNDER THE GOVERNMENT OF NEW BRUNSWICK ACTIVE EMPLOYEE AND RETIREE BENEFIT PLANS



	of	in the Province of			, make this
	(Name of Declarant) (City, To	own, Village)			
e	claration for purposes of establishing the eligibility of		as my comm	on-law partner un	der the
rc	ovisions of the \square Benefit Plans for Active Employees	(Name of common-law partner)			
٠	☐ Benefit Plans for Retirees.	•			
	_ Donom Flame for Youngood.				
١	ID DO SOLEMNLY DECLARE THAT:				
	I am the common-law partner of(Name of co.				
•	I commenced living in a conjugal relationship with _	(Name of common-law partner)	on	y Month Year)	
	We have lived in a conjugal relationship continuously from the date indicated in number 2 above, to the present.				
	lived with my common-law partner at the following addresses (list most recent address first):				
	,	•	,	To:	
	(Full Address)	(Day / Mo	nth / Year)	To:(Day / Month	/ Year)
	(Full Address)	From:	unth / Vacal	To:	/ Voor!
	(Full Address)				
	(Full Address)	From: (Day / Mo	onth / Year)	To:(Day / Month	/ Year)
5.	My common-law partner and I are the natural parents of (child/children) and the names and dates of birth of the children are: (Attach birth certificates)				
	Name	Date of	birth		
	Name	Date of	birth		
	Name Date of birth				
	My common-law partner and I,				
	a) jointly own residential property in which we bot	h live(d).		□Yes	□ No
	b) jointly signed a lease, or rental agreement relating to a residence in which we both live(d).		□Yes	□ No	
	c) have joint bank, trust, credit union or charge or mortgage accounts.		□Yes	□ No	
	d) one of us has Life insurance naming the other	as common-law partner and as the be	neficiary.	□ Yes	□ No
	,	ao common law paraner and ac are be			
	e) one of us has Health and/or Dental insurance	•	-	☐ Yes	□ No
	e) one of us has Health and/or Dental insurance	coverage on the other as common-law	-	□Yes	□ No
C (e) one of us has Health and/or Dental insurance oppies of one of the relevant documents must be a	coverage on the other as common-law	partner.		
>	e) one of us has Health and/or Dental insurance	coverage on the other as common-law attached. That would indicate the nature of your results.	partner.		
	e) one of us has Health and/or Dental insurance oppies of one of the relevant documents must be a lf none of the above categories apply, any records the	coverage on the other as common-law attached. That would indicate the nature of your results.	partner.		
	e) one of us has Health and/or Dental insurance oppies of one of the relevant documents must be at the lephone bills in both names, bills, receipts, contraction. My common-law partner and I took the following steps.	nttached. hat would indicate the nature of your reacts, census or electoral records.	partner.	nould be attached.	. For examp
	e) one of us has Health and/or Dental insurance oppies of one of the relevant documents must be a lf none of the above categories apply, any records the telephone bills in both names, bills, receipts, contra	nttached. hat would indicate the nature of your reacts, census or electoral records.	partner.	nould be attached.	. For examp
	e) one of us has Health and/or Dental insurance oppies of one of the relevant documents must be a lift none of the above categories apply, any records to telephone bills in both names, bills, receipts, contrastic management, power of attorney, authorization to make this solemn declaration conscientious.	nttached. hat would indicate the nature of your relates, census or electoral records. eps to formalize our relationship as cobe medical decisions on behalf of complete the complete of the complete records.	mmon-law part	artners (that is, co	For example of the second seco
	e) one of us has Health and/or Dental insurance oppies of one of the relevant documents must be at the lephone of the above categories apply, any records the telephone bills in both names, bills, receipts, contrastiction. My common-law partner and I took the following state agreement, power of attorney, authorization to make	nat would indicate the nature of your reacts, census or electoral records. eps to formalize our relationship as come medical decisions on behalf of come y believing it to be true and knowing	mmon-law part	artners (that is, cotner, etc.).	For example bhabitation

www.gnb.ca/employeebenefits July 2024

Signature of Declarant

COMMISSIONER OF OATHS