

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



IMPORTANT: The addition of a common law spouse can only be made **within 31 calendar days** following **one year of cohabitation**.

I, _____ of _____ in the Province of _____, make this
Name of Declarant City, Town, Village
 declaration for purposes of establishing the eligibility of _____ as my common-law partner
Name of common-law partner
 under the provisions of the _____ Benefit Plans for Active Employees.
 _____ Benefit Plans for Retirees.

AND DO SOLEMNLY DECLARE THAT:

1. I am the common-law partner of _____
Name of common-law partner
2. I commenced living in a conjugal relationship with _____ on ____ / ____ / ____
Name of common-law partner Day Month Year
3. We have lived in a conjugal relationship continuously from the date indicated in number 2 above, to the present.
4. I lived with my common-law partner at the following addresses (list most recent address first):

<i>Full Address</i>	From: ____ / ____ / ____ To: ____ / ____ / ____ <i>Day Month Year Day Month Year</i>
<i>Full Address</i>	From: ____ / ____ / ____ To: ____ / ____ / ____ <i>Day Month Year Day Month Year</i>
<i>Full Address</i>	From: ____ / ____ / ____ To: ____ / ____ / ____ <i>Day Month Year Day Month Year</i>
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 _____
6. My common-law partner and I,

a) jointly own residential property in which we both 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 beneficiary.	Yes	No
e) one of us has Health and/or Dental insurance coverage on the other as common-law partner.	Yes	No

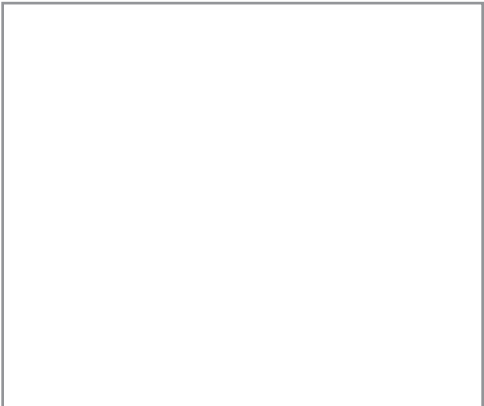
***Copies of one of the relevant documents must be attached.**

If none of the above categories apply, any records that would indicate the nature of your relationship should be attached. For example, telephone bills in both names, bills, receipts, contracts, census or electoral records.

7. My common-law partner and I took the following steps to formalize our relationship as common-law partners (that is, cohabitation agreement, power of attorney, authorization to make medical decisions on behalf of common-law partner, etc.).

8. And I make this solemn declaration conscientiously believing it to be true and knowing that it has the same effect as if made under oath.

SOLEMNLY DECLARED before me at _____, in
 the Province of _____, this ____ day
 of _____, 20____.



COMMISSIONER OF OATHS: _____

Signature of Declarant: _____