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

ame of Declarant) If or purposes of establishing the elignor purposes of establishing the elignor for purposes of establishing the elignor for the Benefit Plans for Active En Benefit Plans for Retirees. SOLEMNLY DECLARE THAT: The common-law partner of	(Name of conployees. Here of common-law parting with(Name of common	ommon-law partner)		non-law partner un	der the
of the Benefit Plans for Active Er Benefit Plans for Retirees. SOLEMNLY DECLARE THAT: The common-law partner of	(Name of conployees. Here of common-law parting with(Name of common	ommon-law partner)		non-law partner un	der the
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ve lived in a conjugal relationship co		common-law partner)			
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(Full Address)		(Da	// Month / Year)	(Day / Month	/ Year)
(Full Address)		From:	//Month / Vear)	To:	/ Vear)
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(Full Address)		(Day	// Month / Year)	(Day / Month	/ Year)
common-law partner and I are the n (Attach birth certificates)	atural parents of	(child/children) and	I the names and	dates of birth of th	ie children
ne		Da	ate of birth		
ne		Da	ate of birth		
ne		Da	ate of birth		
mmon-law partner and I,					
intly own residential property in whic	ch we both live(d).			□ Yes	□ No
b) jointly signed a lease, or rental agreement relating to a residence in which we both live(d).			oth 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	
ne of us has Health and/or Dental in	surance coverage on t	he other as commo	n-law partner.	□Yes	□ No
f one of the relevant documents n	nust be attached.				
			our relationship s	hould be attached.	For examp
					habitation
nent, power or attorney, authorizatio	on to make medical de	cisions on benair or	common-law pai		
make this solemn declaration conso	cientiously believing it	to be true and know	ving that it has t	he same effect as	if made u
MNLY DECLARED before me at		, in	the Province of		
day of	, 20				
				af Dealer of	
The second of th	(Full Address) (Full Address) (Full Address) common-law partner and I are the n (Attach birth certificates) e	(Full Address) (Full Address) (Full Address) common-law partner and I are the natural parents of (Attach birth certificates) e e nmon-law partner and I, ntly own residential property in which we both live(d). ntly signed a lease, or rental agreement relating to a residence of us has Life insurance naming the other as common-lee of us has Health and/or Dental insurance coverage on the common of the relevant documents must be attached. of the above categories apply, any records that would indicate the property of the contracts, census of the common-law partner and I took the following steps to formalize the power of attorney, authorization to make medical definition on the common of the relevant documents must be attached.	(Full Address) (Full Address) (Full Address) From:	From:	From: (Day / Month / Year) To: (Day /