

Pile Drivers, Divers, Bridge, Dock & Wharf Builders Health Benefits Plan

4250 Canada Way, Burnaby, BC V5G 4W6 Phone: 604-299-7482 | pd2404admin@datownley.com | pd2404benefits.ca

NOTE: TO BE COMPLETED ONLY IF YOU ARE LIVING IN A COMMON-LAW RELATIONSHIP

To the Trustees of Group Plan 903404

I, ______ declare that I am living with and have publicly Member's Name

represented ______ as my spouse for a period of at least 12 months. *Spouse Name*

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 Child's Name Child's Name Child's Name Child's Name Child's Name Member's Signature Member's Signature Witness No. 1	Child's Name		Child's Name	
Child's Name Child's Name Member's Signature Member's Signature Vitness No. 1	Child's Name		Child's Name	
Witness No. 1 ,	Child's Name			
Image: mass deen living with		Member's Signature		
has been living with and he/she has publicly represented	<u> Witness No. 1</u>			
has been living with and he/she has publicly represented		declare that		
her/his as his/her spouse for a period of at least 12 months. Witness' Signature Witness' Signature Witness No. 2 ,	Name, Address & Tel. #	(PLEASE PRINT)	Spouse Name	
her/his as his/her spouse for a period of at least 12 months. Witness' Signature Witness No. 2 <i>Mine, Address & Tel. #</i> (PLEASE PRINT) <i>Spouse Name</i> has been living with and he/she has publicly represented her/his as <i>Member's Name</i>	as been living with	een living with and he/she has publicly represented		
Witness' Signature Witness No. 2 ,	Member's N	lame		
Witness No. 2 ,	ner/his as his/her spouse for a pe			
, declare that Name, Address & Tel. # (PLEASE PRINT) Spouse Name has been living with and he/she has publicly represented her/his as Member's Name	Nitacco No. 2			
Name, Address & Tel. # (PLEASE PRINT) Spouse Name nas been living with and he/she has publicly represented her/his as Member's Name				
has been living with and he/she has publicly represented her/his as Member's Name		declare t	that	
Member's Name	Name, Address & Tel. #	(PLEASE PRINT)	Spouse Name	
nis/her spouse for a period of at least 12 months.			nas publicly represented her/his as	
	nis/her spouse for a period of at l	east 12 months.		
Witness' Signature		Witness' Signature		