

TEAMSTERS' LOCAL 155 HEALTH BENEFITS PLAN

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

To the Trustees of Group Plan E901053 and D901053

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

Witness No. 1

I, _____ declare that _____
Name, Address & Tel. # (PLEASE PRINT) *Spouse Name*

has been living with _____ and he/she has publicly represented
Member's Name

her/him as his/her spouse for a period of at least 12 months.

Witness' Signature

Witness No. 2

I, _____ declare that _____
Name, Address & Tel. # (PLEASE PRINT) *Spouse Name*

has been living with _____ and he/she has publicly represented
Member's Name

her/him as his/her spouse for a period of at least 12 months.

Witness' Signature