



IATSE 891 | ACTIVE HEALTH PLAN

Return to:
J&D Benefits Inc.
228-8901 Woodbine Avenue
Markham, ON L3R 9Y4
Email: benefitsoffilm@aga.ca

COMMON-LAW DECLARATION FORM

To be completed to add your dependents to your benefit coverage if you are living in a common law relationship

Member Name <i>First Middle Init. Last</i>	Union ID #
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I, _____ declare that I am living with and have publicly represented
Member's Name
_____ as my spouse since _____.
Common-law Spouse Name Date Cohabitation Began

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.

_____ <i>Child's Name</i>	_____ <i>Child's Name</i>
_____ <i>Child's Name</i>	_____ <i>Child's Name</i>
_____ <i>Child's Name</i>	_____ <i>Child's Name</i>

Member Signature: _____ **Date:** _____

Witness #1

I, _____ declare that
Witness Name, Address & Phone Number
_____ has been living with _____ and
Member's Name Spouse Name

he/she has publicly represented her/him as his/her spouse for a period of at least 12 months.

Witness' Signature

Witness #2

I, _____ declare that
Witness Name, Address & Phone Number
_____ has been living with _____ and
Member's Name Spouse Name

he/she has publicly represented her/him as his/her spouse for a period of at least 12 months.

Witness' Signature

Please contact J&D Benefits Inc. at 1-800-218-7018 if you have any questions regarding this form