

MARITIME LIFE (CARIBBEAN) LIMITED DECLARATION FOR PARTICIPATION IN

(Company N	Ioma)		
(Company r	vaiiie)		

GROUP HEALTH INSURANCE PLAN BY COMMON-LAW SPOUSE AND DEPENDENTS

(2) We have been publicly represented as husband and wife. If the relationship as described above ceases, I will immediately advise Maritime Life who will make the necessary amendments to my personnel records. I understand that if the relationship ceases, my common-law spouse and dependents, if any, of whom I no longer have custody, will no longer be eligible to participate in the Group Insurance Plan. I acknowledge that this declaration relates only to the above named insurance	DATE	WITNESS	SIGNATURE
and that commencing and for the one year immediately preceding and including today: (1) I have resided continuously with the above named person of the opposite sex and (2) We have been publicly represented as husband and wife. If the relationship as described above ceases, I will immediately advise Maritime Life who will make the necessary amendments to my personnel records. I understand that if the relationship ceases, my common-law spouse and dependents, if any, of whom I no longer have custody, will no longer be eligible to participate in the Group Insurance Plan. I acknowledge that this declaration relates only to the above named insurance			
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and that commencing and for the one year	(1) I have resided co	ontinuously with the al	pove named person of the opposite
	immediately precedin	g and including today:	
into a common-law relationship with	and that commencing	<u> </u>	and for the one year
	into a common-law r	elationship with	
I certify that I have entered	I		certify that I have entered