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| CANADA  PROVINCE OF ONTARIO | ) IN THE MATTER OF  ) THE ADDITION OF  ) 'S  ) COMMON LAW PARTNER TO THEIR  ) WELFARE PLAN COVERAGE  ) TO WIT: |

I, , of the City of   
and Province of Ontario,

DO SOLEMNLY SWEAR THAT:

1. I am a Member of The Plumbing and Pipefitting Workers' Benefit Plan, Local 67, and as such have knowledge of the facts hereinafter sworn to.
2. I acknowledge that the Plumbing and Pipefitting Workers' Local 67 Benefit Plan defines a "common law spouse" as a person of the same or opposite sex who has been living with me, the claimant, in a conjugal relationship for more than 12 months.
3. and I have lived within a conjugal relationship

since , which is a period greater than twelve (12)

months.

1. I understand and acknowledge that if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not meet the definition of "common law spouse" laid out in the Plumbing and Pipefitting Workers' Local 67 Benefit Plan, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not be eligible to receive benefits under the Plumbing and Pipefitting Workers' Benefit Plans, Local 67.
2. I have publicly represented as my spouse   
   ("Common Law Partner").
3. I make this Statutory Declaration in support of the addition of my Common Law Partner to my Welfare Plan Coverage and for no other or improper purpose.

SWORN TO BEFORE ME AT

the City of in Province of Ontario

this day of

A Commissioner, etc.

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) Signature

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)

) Print Name

**KM-3590256v1**