



Millwrights Local 2736 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 Millwrights Local 2739 Health Benefits Plan

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/his 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 her/his as
Member's Name

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

Witness' Signature