



## TEAMSTERS LOCAL UNION NO. 155 HEALTH BENEFITS PLAN

c/o Convyta Partners

501-4445 Lougheed Highway Burnaby BC V5C 0E4

Toll Free: 1-855-832-6155 Fax: 604-433-8894

Email: teamsters155@convyta.com

# MARITAL STATUS DECLARATION FORM

PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:

To the Trustees of the Teamsters Local Union No. 155 Health Benefits Plan:

### 1. MARRIED RELATIONSHIP

I, \_\_\_\_\_ do hereby declare that  
*Member's Name*

\_\_\_\_\_ has been my legally married Spouse since \_\_\_\_\_  
*Spouse Name* *Date*

### 2. COMMON-LAW RELATIONSHIP (please complete the reverse side of this form)

I, \_\_\_\_\_ declare that I am living with and have publicly  
*Member's Name*

represented \_\_\_\_\_ as my common-law spouse for a period of at least 12  
*Spouse Name*

consecutive months.

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

\_\_\_\_\_  
Date

**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 consecutively.

.....  
Witness' Signature

.....  
Date

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**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 consecutively.

.....  
Witness' Signature

.....  
Date