DECLARATION FOR DESIGNATION OF A COMMON-LAW PARTNER

This declaration is to be used to designate common-law spousal relationships for the purpose of the BCIT Group Benefits. Employees in a common-law spousal relationship (of the opposite or same sex) must meet the criteria described in the declaration in order to acquire the applicable Institute Group Benefits Plans.

1. I, the undersigned, _____, confirm and declare
(Employee's Name in Full)
that _____, is my common-law partner.
(Partner's First Name/Initial/Surname)

For the purpose of this Declaration, the definition of a spouse where Maritime Life is concerned is defined as:

- **i) a person married to the employee as a result of a valid civil or religious ceremony; or**
- **ii) a person whose common law relationship with the employee was for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose, provided the existence of such common law relationship could be established to the satisfaction of the Insurer.**

A common law relationship must include continuous cohabitation and public representation of married status.

If the employee has been married to more than one person, the term spouse shall mean only the person to whom the employee was most recently married, using the above criteria.

2. I am currently in a conjugal relationship with my common-law partner, share a common domicile, and provide mutual support of the type existing between spouses, i.e. a legal marriage.

- **a) ☐ I have been living with this person for at least twelve consecutive months; or**
- **b) ☐ I live with this person and have previously lived with this person for a period of at least 12 consecutive months**

NOTE: If you have any doubt about your eligibility, please contact your Human Resources Advisor before signing this Declaration.

3. The address of the mutual domicile shared currently by my partner and myself is the following:

Address:
Since:

* If less than 12 months at this address, indicate previous address shared.

Address:
Since:

4. I understand that the above designation of my common-law partner applies to the BCIT Group Benefits only.

5. I understand that should this relationship be terminated it is my responsibility to notify BCIT immediately whereupon the Group Employee Benefits for my common-law partner shall cease.

6. If the person designated as my common-law partner in this declaration is not the same person as the person who is currently designated for purposes of the BCIT Group Benefits Plan, I understand that it is my responsibility to inform the person currently designated that his/her designation will terminate when this declaration becomes effective.

7. I understand that the above privileges for my common-law partner will become effective from the date this declaration is received by the Human Resources office and in conjunction with the Group Benefits Policy.

8. This declaration supersedes and cancels all previous declarations.

In witness whereof, I have signed:

_____
(Employee Signature)

_____
(Employee Banner ID)

_____
(Date Signed)

I attest that this declaration is correct,

_____
(Signature of Common-Law Partner)

_____
(Date Signed)