

Request for Common Law Coverage

Name of Employee -

Local Union -

Policy Number - ID Number -

This is to advise that I wish to add my Common-Law Spouse to my Health and Dental Insurance effective M / D / Y . Please find attached proof of 1 year of co-habitation as per my Health and Dental Policy Requirements. (ie - Utility Bill, Tax Bill, Gov't ID Card)

Spousal information is as follows as well as his/her eligible dependents:

Spouse Information			Date of Birth			Gender
Last Name	First Name	Initial	MO	DA	YR	M/F
Dependent Information (Common Law's Eligible Dependents)						Gender
Last Name	First Name	Initial	MO	DA	YR	M/F

Coordination of Benefits if your spouse has other Health and Dental coverage.
 Insurance Company – Policy # -

Signature of Member _____ Date _____

Please forward completed form to; Belmont Health and Wealth Services, Suite 110, 580 Main Street, Saint John, NB E2K 1J5