

**MARITIME LIFE (CARIBBEAN) LIMITED**  
**DECLARATION FOR PARTICIPATION IN**  
(Company Name) \_\_\_\_\_  
**GROUP HEALTH INSURANCE PLAN BY**  
**COMMON-LAW SPOUSE AND DEPENDENTS**

I \_\_\_\_\_ certify that I have entered into a common-law relationship with \_\_\_\_\_ and that commencing \_\_\_\_\_ and for the one year immediately preceding and including today:

- (1) I have resided continuously with the above named person of the opposite sex  
and  
(2) We have been publicly represented as husband and wife.

If the relationship as described above ceases, I will immediately advise Maritime Life who will make the necessary amendments to my personnel records.

I understand that if the relationship ceases, my common-law spouse and dependents, if any, of whom I no longer have custody, will no longer be eligible to participate in the Group Insurance Plan.

I acknowledge that this declaration relates only to the above named insurance plan.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**SIGNATURE**