

DECLARATION OF MARITAL STATUS

ALBERTA

Section 1: Please re	ad this section and check one box if applicable.
I have a "spouse" as defin sex, with whom I am:	ned in the Nursing Homes and Related Industries Pension Plan ("NHRIPP"). My spouse is a person of the same or opposite
married and had n	ot been living separate and apart for a continuous period of three or more years.
	ing together in a conjugal relationship, continuously for a period of not less than three years; OR in a relationship of some ere is a child of the relationship by birth or adoption.
Section 2: Please cl	neck only one of the boxes below and provide any information required.
1. My spouse, as	s defined above is:
Spouse's Full	Name:
Date of Rirth	
Bate of Birth.	Year Month Day
The start date	e of our relationship/date of marriage was////
(Attach proof	of spouse's age and proof of relationship ONLY if you are applying for a monthly pension.)
OR	
2. There is no pe	erson who comes within the definition of "spouse" as defined above.
Section 3: Applican	t and Witness to sign and date.
not entitled to a portion o costs or settlement made the court order, family arb	RE DIVORCED, SEPARATED OR NO LONGER IN A COMMON-LAW RELATIONSHIP: I certify that my former spouse is of my pension. Should my former spouse submit a valid claim at any time in the future, I will reimburse the NHRIPP for any with my former spouse. In the case where my former spouse is entitled to a portion of my pension, I will submit a copy of ditration award or domestic contract such as a separation agreement. Inowing that InBenefits will rely upon it to process my application for a benefit.
Signed this	day of , 20 <i>Month</i> Year
Signature of Applicant	Signature of Witness
Name of Applicant (PRIN	T) Name of Witness (PRINT)
	The Witness cannot be someone who would receive a benefit under this declaration.





KEEP A COPY OF THIS FORM FOR YOUR RECORDS