

# DECLARATION OF MARITAL STATUS

## PRINCE EDWARD ISLAND

**Section 1: Please read this section and check one box if applicable.**

I have a "spouse" as defined in the Nursing Homes and Related Industries Pension Plan ("NHRIPP"). My spouse is a person of the same or opposite sex, with whom I am:

- married and living together.
- not married but living together in a conjugal relationship, continuously for a period of not less than three years; OR in a relationship of some permanence, as the co-parents of a child as per applicable law.

**Section 2: Please check only one of the boxes below and provide any information required.**

- 1. My spouse, as defined above is:

Spouse's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

The start date of our relationship/date of marriage was \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

(Attach proof of spouse's age and proof of relationship ONLY if you are applying for a monthly pension.)

**OR**

- 2. There is no person who comes within the definition of "spouse" as defined above.

**Section 3: Applicant to date and sign. Witness to sign.**

FOR ALL APPLICANTS: I make this declaration knowing that InBenefits will rely upon it to process my application for a benefit.

FOR APPLICANTS WHO ARE DIVORCED, SEPARATED OR NO LONGER IN A COMMON-LAW RELATIONSHIP: I certify that my former spouse is not entitled to a portion of my pension. Should my former spouse submit a valid claim at any time in the future, I will reimburse the NHRIPP for any costs or settlement made 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 the court order, family arbitration award or domestic contract such as a separation agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Applicant (PRINT)

\_\_\_\_\_  
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**