

DECLARATION OF COMMON LAW SPOUSE FORM

Agency Information	Agency Name: _____	Agency ID#/ Location Number: _____
OASSIS Policy	This form must be received by OASSIS within 31 days from the date the common-law spouse qualifies as a dependent for coverage under your group benefit plan. If written notice is received after 31 days from the qualifying date, benefits coverage will be subject to proof of good health with the carriers and any applicable plan restrictions/limitations.	
Definition - Common-Law Spouse	<p>If not legally married, you have lived in a common-law relationship for 12 continuous months.*</p> <p>Only one spouse will be considered at any time as being covered under the group contract.</p> <p>The spouse has provincial health insurance plan.</p>	
<p>I, _____ do hereby declare that _____</p> <p>(Member name – please print) (Spouse’s name – please print)</p> <p>is my Common Law Spouse with whom I have been cohabiting since _____</p> <p>(Date cohabitation commenced)</p> <p>and whom I publicly represent as my Spouse.</p>		
Authorization Both the employee and the authorized agency signatures are required.	<p>I certify that the above information is true, complete, and correct. In the event that my common law spouse no longer qualifies in the future, I will notify OASSIS immediately. I understand that making a false statement on this form or otherwise can result in the termination of my coverage (and that of my spouse and dependents) with OASSIS.</p> <p>Employee Signature: _____ Date: _____</p> <p>Authorized Agency Signature: _____ Date: _____</p>	

*The definition for a common-law spouse may differ depending on your OASSIS group plan. Refer to your OASSIS Health and Dental booklet for the definition.

A Data Change Form is required to add health and dental coverage. Please contact your authorized agency contact or your OASSIS Benefits Administrator for the form.

Submit this form using one of the following methods: Mail/ Fax/ Email Your OASSIS Benefits Administrator