

Declaration of Marital Status Change (please complete if applicable)

Name of Employee: _____	Employee ID _____	Employee group (check box) <input type="checkbox"/> Faculty* <input type="checkbox"/> ^ š ((
For the purpose of participating in the University benefit plans, I declare that my current marital status is (check one box only) :		
<input type="checkbox"/> Common-law (co-habiting relationship) <input type="checkbox"/> Divorced: • } (yyyymm/dd) : _____ • } (yyyymm/dd) : _____ E u } (%o CE š z z CE z W z z z z z z z _____ K } (%o CE š z z CE z W z z z z z z z _____		
<input type="checkbox"/> Married ~ %o CE } À] u CE CE] P CE š] () š • : • } (yyyymm/dd) : _____ <input type="checkbox"/> Widowed ~ %o CE } À] š Z : CE š] () š • E u } (%o CE š z z CE z W z z z z z z z _____ • } (yyyymm/dd) : _____ K } (%o CE š z z CE z W z z z z z z z _____ E u } (z z z W z z z z z z z z _____		
I understand that my co-habiting relationship Z • š }] v AE] at least one (1) year prior š } š Z] • š () CE -u Ç Á } U d } μ • š } o] P] o () CE W] () o μ CE } • • AE š v v š o V v] v AE] • š v () CE at least two (2) years Z] • š -l a y S p o u s e to } u u } v } v •] CE • o P o • %o } μ • () CE o u n d e r s t a n d t h a t C o m m o n - l a w s p o u s e s Z À š Z • u o P o CE] P Z š • • u CE CE] • %o } μ • • v CE o • } v š] š o š } I will ensure that my v ()] CE Ç] v () CE u š b] v v () š • - t o - d a t e (c u r r e n t μ % v ()] C a n b e r e v i e w e d o n ^ & h u Ç . E & K		
*Faculty members enrolled in ^ μ v >] (v] } CE } o o w n i n g n e e d t o c o n t a c t t h e m d i r e c t l y t o u p d a t e t h e i r p e r • } v o %o CE } () o X		
Signature: _____ Date of Declaration : _____		