



## Declaration of Marital Status Change (please complete if applicable)

|  |             |  |
|--|-------------|--|
| Name of Employee:  | Employee ID | Employee group (check box)<br><input type="checkbox"/> Faculty*<br><input type="checkbox"/> ^ š (( |
| <p>For the purpose of participating in the University benefit plans, I declare that my current marital status is (check one box only) :</p>  |             |  |
| <p><input type="checkbox"/> <b>Common-law</b> (co-habiting relationship) ^ %o OE: š</p> <p>• } (yyy/mm/dd) : _____ • } (yyy/mm/dd) : _____<br/>         E u } ( %o OE š z z OE z W z z z z z z z _____<br/>         K } ( %o OE š z z OE z W z z z z z z z _____</p> <p><input type="checkbox"/> <b>Divorced:</b></p> <p>• } (yyy/mm/dd) : _____</p> <p><input type="checkbox"/> <b>Married</b> ~ %o OE } À ] u OE OE ] P OE š ] ( ) š • :</p> <p>• } (yyy/mm/dd) : _____ <b>Widowed</b> ~ %o OE } À ] š Z: OE š ] ( ) š •</p> <p>E u } ( %o OE š z z OE z W z z z z z z z _____ • } (yyy/mm/dd) : _____<br/>         K } ( %o OE š z z OE z W z z z z z z z _____ E u } ( z z z W z z z z z z z z _____</p>   |             |  |
| <p>I understand that my cohabiting relationship Z • š } ] v AE ] at least one (1) year prior š } š Z ] • š ( ) OE -u Ç Á } U d } μ • š } o ] P ] o ( ) OE W ] ( ) o μ OE } • • AE š v v š o V v ] v AE ] • š v ( ) OE at least two (2) years Z ] • š -l a y S p o u s e to } u u } v } v • ] OE • o P o • %o } μ • ( ) OE I understand that OE non-law spouses Z À š Z • u o P o OE ] P Z š • • u OE OE ] • %o } μ • • v OE o • } v š ] š o š }</p> <p>I will ensure that my v ( ) ] OE Ç ] v ( ) OE u š b } v v ( ) š • -to -date (current μ %o v ( ) ] OE can be reviewed on <a href="#">^ &amp; h u Ç</a> . E &amp; K</p> <p>*Faculty members enrolled in ^ μ v &gt; ] ( v ] } OE } o own I need to contact them directly to update their per • } v o %o OE } ( ) o X</p> <p>Signature: _____ Date of Declaration : _____</p> |             |  |