



MARITIME LIFE (CARIBBEAN) LIMITED

DECLARATION FOR PARTICIPATION IN

(Company Name) _____

GROUP HEALTH INSURANCE PLAN BY

COMMON-LAW SPOUSE AND DEPENDENTS

I _____ certify that I have entered into a common-law relationship with _____ and that commencing _____ and for the one year immediately preceding and including today:

1) I have resided continuously with the above named person of the opposite sex

and

(2) We have been publicly represented as husband and wife.

If the relationship as described above ceases, I will immediately advise Maritime Life who will make the necessary amendments to my personnel records.

I understand that if the relationship ceases, my common-law spouse and dependents, if any, of whom I no longer have custody, will no longer be eligible to participate in the Group Insurance Plan.

I acknowledge that this declaration relates only to the above named insurance plan.

DATE

WITNESS

SIGNATURE