

COMMON LAW SPOUSE DECLARATION FORM

Insured's Name _____

Certificate No. _____ Membership/Account No. _____

Address of Insured _____

E-mail _____ Cell No. _____ - _____

Organization _____

Policy Type: ☐ FIP ☐ FCIP ☐ Other _____

I _____ confirm that the person listed below is my common-law spouse as defined in the Property (Rights of Spouses) Act 2004 Jamaica, and that my relationship with this person has existed for a minimum of five (5) years prior to the date of this declaration.

This individual is the person I have selected to be covered for benefits as my spouse under this policy and it replaces any other person designated as my spouse of any previous legal or common law relationship.

Name of Common-Law Spouse _____

Common-Law Spouse's Date of Birth _____

Common-Law Spouse's Address _____

Member Signature

Date Signed

Witnessed by:

Date Signed

Justice of the Peace/Notary Public

PLEASE NOTE

Eligibility for common-law relationships requires both parties to be single and cohabiting as husband and wife for a period of not less than five years.

Where an individual was previously married, a copy of the divorce decree, should be attached to this form.