

- Enrollment** - select this box if you are completing this form at the time of enrollment
- Change in Spousal Status** - select this box if you are competing this form because of a change in your spousal status or change in spouse

EMPLOYEE INFORMATION

Last Name	First Name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

PART A: PENSION PLAN

For the purposes of McMaster's **Pension Plan**, an eligible **Spouse** is defined to mean someone who:

- (1) is married to you; **or**
- (2) is not married to you, but is living with you in a conjugal relationship either:
 - (a) for a continuous period of at least one year; **or**
 - (b) in a relationship of some permanence, if the two of you are the "*parents of a child*" as set out in Section 4 of the Children's Law Reform Act (refer to the last page for an explanation of what "parents of a child" means).

However, a person described above will not qualify as your eligible Spouse if he/she is *separated* from you.

Based on the above definition of eligible Spouse, please declare your spousal status by selecting one of the following boxes:

- I do not have an eligible Spouse as defined above
- The person named below is my eligible Spouse:

Last Name of Spouse	First Name of Spouse	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART B: HEALTH AND DENTAL BENEFITS

For the purposes of McMaster's **Health and Dental Benefit** plans, a dependent **Spouse** is defined to mean someone who:

- (1) is married to you (or is your spouse under another formal union recognized by law); **or**
- (2) has been publicly represented as your spouse for at least one year.

However, a person described above will cease to qualify as your dependent Spouse upon divorce, or if you are not married, on the 90th day after this person ceases to be publicly represented as your spouse.

Based on the above definition of dependent Spouse, please declare your spousal status by selecting one of the following boxes:

- I do not have a dependent Spouse as defined above
- The person named below is my dependent Spouse:

Last Name of Spouse	First Name of Spouse	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS:

Complete both Part A and Part B of this form.

Please note that the definitions of “**Spouse**” under Part A and Part B are **different**. It is possible that a person may qualify as your “Spouse” under Part B for the purposes of McMaster’s Health and Dental Benefit plans, but not for the purposes of McMaster’s Pension Plan. Please carefully read each of the definitions under Part A and Part B before completing this form.

Meaning of “**married**” (Part A and Part B) – this includes a marriage that was performed in a jurisdiction outside of Canada if the marriage is recognized as legal under the laws of the other jurisdiction.

Meaning of “**parents of child**” (Part A only) – you and your partner are considered to be “parents of a child” under section 4 of the Children’s Law Reform Act if one of the following applies:

- you and your partner are the birth parents of a child; or
- your partner’s sperm resulted in the conception of your child conceived through sexual intercourse (unless both of you agree in writing before the child is conceived that your partner will not be parent of the child); or
- you and your partner have consented to be parents of a child that was conceived through assisted reproduction or insemination; or
- you and your partner have signed a “pre-conception parentage agreement” before conception of a child; or
- you and your partner are the intended parents under a “surrogacy agreement”; or
- either you or your partner has been declared a parent of the other’s child by a court, or
- you and your partner are the adoptive parents of a child under an adoption order.

If you and your partner are living together in a relationship of some permanence, and any one of the above applies, then your partner will qualify as your eligible “Spouse” under Part A for the purposes of the Pension Plan.

SIGNATURE:

I certify that the information which I have provided in this form is true and accurate.

Name of Employee (Print)

Employee ID Number

Signature of Employee

Date (MM/DD/YYYY)