

QUALIFICATION OF PARTNER

I, _____, hereby elect _____ to qualify as my Spouse.

The above named person has been represented as my Spouse since _____ (date). (To qualify, such partner must have been continuously represented as my spouse for the minimum period of one year).

I warrant that the strict accuracy of this information is a condition of the exercise of this right of qualification by me. I further understand that no payment will be made under a Benefit Provision in respect of the above person if, on the date of a claim, he or she could not at that time be qualified as a Spouse.

Employee Name (Print):	
Employee Signature:	
Date:	