



This document can be filled in online before printing and signing.

QUALIFICATION OF PARTNER

Contract No. and Member I.D. No.	Name of Member
Name of Contract Holder	

I, _____ hereby elect to qualify as my Spouse _____ who has been represented as my Spouse since _____ (to qualify, such partner must have been continuously represented as my spouse for the minimum period indicated in the Group Contract.)

I warrant that the reasons given above to substantiate the qualification of my Spouse are accurate and I understand 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.

Signed this _____ day of _____ in _____

Member