



# Statutory declaration of common-law relationship

Use this form to provide information and support your claim for OMERS survivor benefits as an eligible common-law spouse, in the event of the death of an OMERS Plan member.

**Note:** Section 4 is to be signed in the presence of a Commissioner of Oaths. Section 5 is for the Commissioner of Oaths to complete and sign.

Please send the completed form and supporting documents (see Notes on page 3) to OMERS by mail only. Do not fax.

Personal information is collected for pension administration purposes by OMERS under the authority of Section 35 of the *OMERS Act, 2006*. OMERS does not share personal information with any other person other than for purposes of pension plan administration, and, the provision of personal information is considered consent to its use for those purposes. The collection, use, retention and destruction of personal information are subject to our Privacy Policy at [www.omers.com](http://www.omers.com).

Any questions regarding the collection of personal information should be directed to OMERS Client Services at 416-369-2444 or 1-800-387-0813.

## Sections 1 to 4 to be completed by the common-law spouse (claimant)

### 1. DECEASED MEMBER'S INFORMATION

OMERS membership/reference number		Date of death (m/d/y)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name	First name Middle name

### 2. CLAIMANT'S INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name	First name Middle name
Address			

### 3. COMMON-LAW RELATIONSHIP INFORMATION

#### Common-law spouse

OMERS considers a common-law spouse to be one who has lived together with the member in a conjugal relationship:

- continuously for a period of not less than three years; or
- in a relationship of some permanence if they are the natural or adoptive parents of a child, both as defined in the *Family Law Act* (Ontario).

When did you begin living in the same residence with the member as a common-law couple?

Did the relationship continue until the member's death?  Yes  No

Were there any breaks or gaps in the relationship?  Yes  No  
If yes, please indicate the dates.

From: (m/d/y)	To: (m/d/y)	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Were you living together as a common-law couple – i.e., presented each other as spouses to others, ate meals together, socialized as a couple, shared expenses (bills or mortgage payments), etc.?  Yes  No

Was the relationship exclusive?  Yes  No

Are there natural or adopted children of the common-law union?  Yes  No

If yes, please provide each child's name and date of birth. Attach a separate sheet if necessary.

Child's name	Birthdate (m/d/y)
<input type="text"/>	<input type="text"/>
Child's name	Birthdate (m/d/y)
<input type="text"/>	<input type="text"/>

To your knowledge, did the deceased member ever have a spouse other than you?  Yes  No

Name of the deceased member's former spouse	
Status of the member's relationship with this former spouse (i.e., separated, divorced, widowed)	Year of separation, divorce or widowhood

Section 4 is to be signed in the presence of a Commissioner of Oaths\*

#### 4. CLAIMANT'S DECLARATION

Please read carefully before signing this declaration in the presence of a Commissioner of Oaths.\*

I, (name) \_\_\_\_\_ of \_\_\_\_\_ in the Province of Ontario,  
(Print name) (Print name of city)

MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath by virtue of the *Canada Evidence Act*. I understand that OMERS reserves the right to request that I provide additional information to prove my common-law spouse status.

Claimant's signature	Date (m/d/y)
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Section 5 is to be completed by the Commissioner of Oaths\*

#### 5. COMMISSIONER OF OATHS\*

Declared before me at \_\_\_\_\_ country of \_\_\_\_\_,  
Name of city, town or village Country  
in the province or territory of \_\_\_\_\_ . Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
Province or territory Day Month Year

Name of Commissioner of Oaths (printed)
Signature of Commissioner of Oaths

Municipal official: please provide the office you currently hold and the municipality

Office	Municipality
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Lawyer or judge: please provide your Law Society number

Law Society number
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Please affix seal/stamp here  
if applicable.

\*A Commissioner of Oaths can be:

- a lawyer entitled to practice law in Ontario;
- a judge or justice of the peace;
- a Notary Public;
- certain municipal officials (such as a City Clerk); or
- a person appointed as a Commissioner by the Attorney General.

## Supporting documents

OMERS requires that you submit supporting documents with the statutory declaration that help to prove the common-law relationship continued for at least three consecutive years (or for a shorter time if there are natural or adopted children of the relationship).

**If the member's death occurred before retirement\*\*:** Provide proof that you were living as a common-law couple for each of the three consecutive years up to the member's date of death.

**If the member's death occurred after retirement\*\*:** Provide proof that you were living as a common-law couple for each of the three consecutive years up to the member's date of retirement.\*\* Or, if there was no spouse at the member's date of retirement, provide proof that you were living as a common-law couple for each of the three consecutive years up to the member's date of death. If the member had a spouse other than you at their date of retirement, please contact OMERS Client Services.

\*\*"Retirement" is the pension start date, i.e., the date that the payment of the first instalment of the member's pension is due according to the terms of the OMERS Primary Pension Plan.

### Primary documents (include at least two from this list)

- Bank statement from a joint account
- Joint lease, mortgage or home purchase or ownership agreement for the shared residence
- Property tax statement in both names
- Health benefits statement (e.g., employer benefits)
- The member's last will and testament
- Insurance policies (life, home, property, car)
- Household bills (hydro, water, gas, cable, etc.) in both names, or in each name for the same address

### Secondary documents (include at least one from this list)

- Affidavits and letters from family, friends, and professional advisers (lawyer, doctor, etc.) confirming the common-law relationship and the applicable dates
- Income tax returns
- Newspaper/social announcements
- Cemetery/funeral home invoice
- Published death notice
- Other documents that could help verify the claim  
(**Note:** OMERS cannot accept photos, videos, greeting cards, etc. as supporting documents.)



#### Phone

416-369-2444  
1-800-387-0813



#### Fax

416-369-9704  
1-877-369-9704



#### Mail

One University Ave.  
Suite 400  
Toronto ON M5J 2P1



#### Email

client@omers.com  
(en français ou en anglais)



#### Web

www.omers.com