

CANADA)
PROVINCE OF)
)
)

IN THE MATTER OF eligible dependent
Coverage to include non-biological dependent
child namely:
born:

AFFIDAVIT OF _____

I, _____ of the Municipality of, _____, Province
of _____ take oath and say/affirm:

1. The biological parent of the child in question, _____, and I have lived in a conjugal relationship for _____ years. [OR: The biological parent of the child in question, _____ and I married on _____ .]
2. When the relationship began, _____ was the biological parent of the child namely, _____, born _____.
3. The other biological parent, _____, of the child is unknown and /or is not required to provide any benefit coverage for the child(ren) through the separation agreement.
4. Since we began cohabitating, I have looked to the child as if he/she was my own child and the child treats me as his/her parent. I have financial responsibility for _____ and claim him/her for income tax purposes.
5. I make this affidavit so that the child, namely _____, can be included in my medical and pension plans from my employer as if he was my child.

SWORN/AFFIRMED BEFORE ME at the)
Municipality of)
Province of)
This ____ day of _____, 20)

A Commissioner, etc.