



SAGICOR LIFE INC.

CERTIFICATE FOR COMMON LAW RELATIONSHIP

I
(APPLICANT'S NAME)

of
(ADDRESS)

DECLARE as follows:-

1. I
(NAME IN BLOCK LETTERS)
2. I have been cohabiting continuously with
as my spouse since the month of in the year

DECLARED at)
this day of in the year)

.....
Applicant's Signature

.....
Common-Law Spouse's Signature

This section to be completed by a Justice of the Peace, Notary Public, Priest or Minister of Religion, Medical Doctor or Attorney-at-Law.

Name:

Title:

Certified this day of in the year

Signature & Official Stamp:

Eligibility: - For application to health plan the Common-Law Spouse MUST BE cohabiting for a minimum of two (2) years.