



SPECTRUM

Society for Community Living

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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 1 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 _____