WCEBP
WINNIPEG CIVIC EMPLOYEES' BENEFITS PROGRAM

Notification of Family Status

Your pension is a family asset. The following information will enable us to provide you with accurate information regarding your pension benefits.

PLEASE PRINT CLEARLY IN BLUE INK

A. Member Information

Member's last name _____ *First name* _____ *Member's date of birth (yyyy/mm/dd)* _____ *Member ID #* _____

B. Family Status

Spouse of a Member means a person who is married to the Member and who is not living separate and apart from the Member by reason of a breakdown of their relationship.

Common-law Partner of a Member means the person who is in a registered common-law relationship with the member (per Vital Statistics Act), or who is living with the member in a conjugal relationship (for at least three years if either of them is married, or for at least one year if neither of them is married); and who is not living separate and apart from the Member by reason of a breakdown of their relationship.

Please check all that apply:

❑ I do not have a Spouse or Common-law Partner

❑ I have a

❍ Spouse

❍ Common-law Partner

My Spouse/Partner's name is: _____ *First name* _____ *Last name*

My Spouse/Partner's date of birth is: _____

Date cohabitation began: _____

❑ I have separated from my Spouse/Partner: _____ *Name*

❑ My Spouse/Partner is deceased (please provide copy of death certificate)

C. Declaration

I declare that the information given on this form is true, correct and complete to the best of my knowledge.

Signature of Member _____ *Date* _____

For Office Use Only			
Checked and Coded	*Previous Status (check one)*		
Initial: _____ Date: _____	❑ Common-law	❑ Married	❑ Single

WCEBP.CA
T 204 986 2516 | F 204 986 3571 | WCEBP@WINNIPEG.CA
5TH FLOOR – 317 DONALD STREET | WINNIPEG, MANITOBA | R3B 2H6