



## Sagicor Life Insurance Trinidad & Tobago Limited

### CERTIFICATE FOR COMMON LAW RELATIONSHIP

I .....  
(EMPLOYEE'S NAME)

of .....  
(ADDRESS)

DECLARE as follows:-

1. I am an employee of.....
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 ..... )

.....  
Employee'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.**

**Sagicor Financial Centre, P.O. Box 284, 16 Queen's Park West, Port of Spain, Trinidad, W.I.**

Tel: (868) 628-1636 Fax: (868) 628-1639 [www.sagicor.com](http://www.sagicor.com)