



LIBERTY

In it with you

Liberty Health Cover Affidavit for Common-law Spouse

1. PERSONAL DETAILS | PRINCIPAL MEMBER

Principal member name and surname

Membership number

Date of birth Y Y Y Y M M D D

2. DETAILS | COMMON-LAW SPOUSE

Dependant name and surname

Date of birth Y Y Y Y M M D D

Physical address of the dependant

How many years have you been cohabitating (living together)

Medical conditions/treatment/medication taken by the dependant _____

3. DISCLAIMER | TO BE SIGNED BY PRINCIPAL MEMBER AND DEPENDANT

Disclaimer: Should any of the above information be incorrect or inaccurate, or if any relevant information is found to have been withheld from Liberty, cover for the above dependent (common-law spouse) will be cancelled from the date cover started. The principal member will then be held liable and will have to pay for any claims costs incurred.

Signature of Principal Member _____

Signature of the affected dependant (over 18 years of age) _____

Date of birth Y Y Y Y M M D D