

# Declaration of Dependents Form

The **declaration of dependents form** sample is essential for employees to accurately report their eligible dependents for benefit enrollment. This document ensures proper allocation of health, insurance, and tax benefits based on family status. Employers rely on this form to process and verify dependent information efficiently and compliantly.

## Employee Information

Full Name:

Employee ID:

Department:

Contact Number:

## Dependent Information

Full Name	Relationship	Date of Birth	SSN/ID Number
<input type="text"/>	<div>Select</div>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<div>Select</div>	<input type="text"/>	<input type="text"/>

Supporting Documents Provided:

☐ Card

Birth Certificate ☐

Marriage Certificate ☐

SSN/ID

### Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in loss of benefits or disciplinary action.

Employee Signature:

Date:

Submit