

# Declaration of Dependency Form

## For Health Insurance Coverage

The **declaration of dependency form** sample for health insurance coverage is a crucial document used to verify the eligibility of dependents under an insured individual's policy. This form helps ensure that only qualified family members receive coverage benefits, streamlining the insurance claims process. Accurate completion of the form is essential for maintaining compliance with insurance provider requirements.

Policyholder Information

Full Name:

Policy Number:

Contact Number:

Dependent Information

Dependent's Full Name:

Relationship to Policyholder:

--Select--

Date of Birth:

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information may result in the termination of insurance coverage for the dependent listed above.

☐

 I confirm the above declaration.

Policyholder Signature:

Date:

Submit Declaration