

# Declaration of Dependents Form

The **Declaration of Dependents Form** is essential for health insurance enrollment, ensuring all eligible family members are accurately listed. This sample form provides a clear template for submitting dependent information to facilitate coverage. Properly completing this form helps streamline the enrollment process and verify dependent eligibility.

## Employee/Subscriber Information

Full Name

Employee ID/Number

Date of Birth

Phone Number

Email Address

## Dependent(s) Information

Full Name	Relationship	Date of Birth	Gender	SSN (if required)
<div></div>	<div>Select</div>	<div></div>	<div>Select</div>	<div></div>
<div></div>	<div>Select</div>	<div></div>	<div>Select</div>	<div></div>

## Certification and Signature

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

Employee Signature

Date

Submit