

Declaration of Relationship Form for Health Insurance Coverage

The **declaration of relationship form** is essential for verifying the connection between the policyholder and dependents when applying for health insurance coverage. This form ensures accurate processing of benefits by confirming eligibility based on documented relationships. Utilizing a sample declaration form simplifies the application process and helps avoid delays in coverage approval.

Policyholder Full Name

Policy Number

Dependent Full Name

Relationship to Policyholder

 Select If other, please specify

Documentation Provided (e.g., Marriage Certificate, Birth Certificate, Legal Documents)

Declaration Statement

I, the undersigned, hereby declare under penalty of perjury that the information provided above is true and accurate. I understand that any false statement may result in denial or termination of health insurance coverage.

Policyholder Signature

 Enter full name for electronic signature

Date

Submit Declaration