

Affidavit of Next of Kin



Decedent's Name

Decedent's Birthday

Decedent's Social Security Number

Decedent's Member ID Number

The undersigned, attests that they are duly sworn, deposes and states:

I am the next of kin of _____ who died on or about the
_____ day of _____

1. A copy of the decedent's death certificate is attached.
2. My relationship to the decedent is _____ .
3. Please choose one of the following:
 - a. No personal representative has been appointed for the decedent's estate in this state or elsewhere. There is also no application for such appointment pending in this state or elsewhere, or;
 - b. I have been appointed the executor/administrator of the decedent's estate and have included the appropriate court documents.
4. This affidavit is made in support of my request to facilitate claims payment. I agree and understand that, pursuant to federal law, MotivHealth will not release copies of the medical records of the decedent to me or allow me to change the address of record.
5. The foregoing is the truth to the best of my knowledge, information and belief.

Dated _____, _____ this _____ day of _____

Signature

Print Name

Address

Telephone Number

Sworn and subscribed before me on _____.

Notary Public

My commission expires on _____

Mailing Instructions	Faxing Instructions
Please mail completed affidavit to: PO Box 709718 Sandy, Utah 84070-9718	Please fax completed affidavit to: 1-844-533-1289

Members who need additional help with this form should call our Personal Health Assistants at 844-234-4472.