

Affidavit of Next of Kin



Decedent's Name: _____

Decedent's Date of Birth: _____

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 _____, _____.
(day) (month) (year)

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 _____.
(Weekday) (Month) (Date) (Year)

Signature: _____

Print Name: _____

Address: _____

Phone Number: _____

Sworn and subscribed before me on _____.

Notary Public

My commission expires on _____.

Mailing Instructions:

Please mail completed affidavit to:

PO Box 709718

Sandy, UT 94070-9718

Faxing Instructions:

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**.

