

Health Plan Enrollment Declaration

Date: [Insert Date]

To Whom It May Concern,

This letter serves as my official declaration for enrollment in the [Health Plan Name] for the plan year [Insert Year].

I, [Your Name], residing at [Your Address], hereby affirm my intention to enroll in the above-mentioned health plan as of [Effective Date].

Please find attached the necessary documentation required for the enrollment process:

- Proof of identity
- Proof of residency
- Completed enrollment form
- Other relevant documents

If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]