**Declaration Letter for Insurance**

Date: DD Month, YYYY

To:

[Recipient’s Name]

[Name of Insurance Company] [Address of Insurance Company]

From:

[Sender’s Name] [Sender’s Address]

Subject: Declaration Letter for Health Insurance Dear Mr. GHI,

This is further to our recent discussion on the aforementioned subject. I have undergone the medical tests as suggested by you and required by your organization. My health report is good as per the doctor's reports. The report is attached herewith for your perusal.

I hereby declare that the contents of the medical report are correct and true to the best of my knowledge and understanding. I am well aware that any discrepancies in the same make me liable for legal proceedings as well as my policy becomes null and void, thereby forfeiting my rights to make any claims against the policy if approved already.

Thanks,

Yours Sincerely, [Sender’s Signature] [Sender’s Name]