

DECLARATION OF TERMINATION OF RECIPROCAL BENEFICIARY RELATIONSHIP

STATE OF HAWAII

I/we request that the Reciprocal Beneficiary Relationship of:

REGISTRANT ONE:

Name (Last, First, Middle)

Date of Birth (Month, Day Year)

Address (Street)

City

State

Zip Code

Email Address

Phone Number

REGISTRANT TWO:

Name (Last, First Middle)

Date of Birth (Month, Day Year)

Address (Street)

City

State

Zip Code

Email Address

Phone Number

dated _____, be terminated in accordance with Hawaii Revised Statutes, Chapter 572C. Signature of at least one registrant is required.

REGISTRANT ONE:

Signature

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____, 20__

Notary Public

My commission expires _____

REGISTRANT TWO:

Signature

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____, 20__

Notary Public

My commission expires _____

INSTRUCTIONS:

MAIL \$8.00 MONEY ORDER OR CERTIFIED CHECK PAYABLE TO STATE DIRECTOR OF FINANCE AND THIS COMPLETED DECLARATION OF TERMINATION OF RECIPROCAL BENEFICIARY RELATIONSHIP FORM WITH SELF-ADDRESSED, LEGAL SIZED, STAMPED ENVELOPE TO:

**State Department of Health
Office of Health Status Monitoring
ATTN: RBR OFFICE
PO Box 3378
Honolulu, HI 96801**