



# AMERICAN MARITIME OFFICERS (AMO) PLANS

2 West Dixie Highway, Dania Beach, FL 33004  
Tel: (954) 920-4247 (800) 348-6515 Fax: (954) 920-9482 www.amoplans.com

For AMO Official Use Only

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

## AFFIDAVIT OF SUPPORT FOR A STEPCHILD OR CHILD UNDER LEGAL GUARDIANSHIP/ CUSTODY

### REQUIRED INFORMATION

Participant Name:	SSN: XXX-XX-	DOB:
Street Address:		
City:	State:	ZIP Code:
Dependent's Name:	SSN: XXX-XX-	DOB:
Street Address:		
City:	State:	ZIP Code:
Relationship:	<input type="checkbox"/> Stepchild <input type="checkbox"/> Child Under Legal Guardianship/ Custody	
<b>PLEASE PROVIDE COPY OF COURT DOCUMENTS GRANTING LEGAL GUARDIANSHIP/ CUSTODY, IF NOT PREVIOUSLY SUBMITTED</b>		

### ATTESTATION AND CERTIFICATION

I hereby attest that the above named Dependent is a member of my household and dependent upon me for primary support. I hereby certify that the information contained herein is true. I further understand that if I make false statements to the American Maritime Officers Medical Plan, I may jeopardize my Medical Plan benefits and coverage and will be required to return any benefits paid for medical services.

### SIGNATURE

Participant Signature	Date:
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### NOTARY PUBLIC

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (print name of participant), who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

\_\_\_\_\_  
Date Commission Expires

NOTARY SEAL

Personally Known

Produced Identification

Type of Identification: \_\_\_\_\_