



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: _____

CHANGE OF ADDRESS FORM

This form will change your address with the AMO Medical, Pension, 401K, Vacation, and MPB Plan only. You may obtain an AMO Union Change of Address form by visiting amo-union.org or you may call the Union directly (800) 362-0513. Please mail this form to the above address. If you have any questions, please call AMO Plans Member Services at (800) 348-6515.

PARTICIPANT INFORMATION

Participant's Name:	SSN: XXX-XX-	DOB:
Old Address:		
City:	State:	ZIP Code:
New Address:		
City:	State:	ZIP Code:
Telephone Number:	Email:	
Emergency Contact Person:	Relationship:	
Emergency Contact Person Telephone Number:		

DEPENDENT'S INFORMATION

Is the dependent's address different from the participant's address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the full address for each dependent below:
Name:	Name:	
Relationship:	Relationship:	
Address:	Address:	
City:	State:	ZIP Code:
City:	State:	ZIP Code:
Name:	Name:	
Relationship:	Relationship:	
Address:	Address:	
City:	State:	ZIP Code:
City:	State:	ZIP Code:
Name:	Name:	
Relationship:	Relationship:	
Address:	Address:	
City:	State:	ZIP Code:
City:	State:	ZIP Code:

SIGNATURE

Participant Signature:	Date:
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