



AMERICAN MARITIME OFFICERS (AMO) PLANS

P.O. Box 35, Dania Beach, FL 33004
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Email: amomedical@amoplans.com

For AMO Plans 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. 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 Benefits Services at (800) 348-6515, ext. 12.

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:				

PLEASE NOTE: This will change the address for you and all of your dependents. If you would like to redirect an address for a dependent, please call AMO Plans Benefits Services at (800) 348-6515, ext. 12 for further instructions. Redirect is the redirection of a dependent's mail to another address other than the participant's address. All requests for redirection must be authorized by the participant.

SIGNATURE

Participant Signature:	Date:
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