

AMA-sponsored Catastrophic Major Medical Plan Dependent Coverage Form

Certificate Owner (Primary Insured) Information:

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Email: _____

May AMA Insurance email you regarding products and services? YES

Certificate Number (if known): _____

If no dependents are currently insured, change my insurance to Physician + 1 Physician + Family

I would like to add the following dependent(s) to my coverage:

			<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent Name	Date of Birth	Relationship	
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent Name	Date of Birth	Relationship	
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent Name	Date of Birth	Relationship	
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent Name	Date of Birth	Relationship	
			<input type="checkbox"/> Male <input type="checkbox"/> Female

If you have additional dependents, please attach a separate sheet.

I affirm that any dependents I have enrolled are under age 30 and currently insured under my Basic Plan. I understand that this plan will not cover pre-existing conditions for an injury or sickness diagnosed or undiagnosed for which medical care has been received by my dependents within 6 months prior to the effective date of the dependent's coverage, for 12 months following the date the effective date of the dependent's coverage or the dependent stays insured for 12 continuous months. Important Notice: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime. (Fraud language varies by state.)

Signature of Primary Insured

Date

Policy No. #E-164,874

Sponsored by: American Medical Association
Administered by: AMA Insurance Agency, Inc.,
Underwritten by: The United States Life Insurance Company in the City of New York