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

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

Dependent Name	Date of Birth	Relationship	[ ] Male [ ] Female
______________________________	_____________________	________________	[ ] Male [ ] Female
______________________________	_____________________	________________	[ ] Male [ ] Female
______________________________	_____________________	________________	[ ] Male [ ] Female
______________________________	_____________________	________________	[ ] Male [ ] Female

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

I affirm that any dependents I have enrolled are under age 28 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 12 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 24 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 Nos. #E-610,161, E610,162, E610,350

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