



AFFIDAVIT OF SUPPORT

I, _____, hereby swear or affirm that my child(ren)
(Employee's/Subscriber's name)

_____, _____ is (are)
unmarried and is (are) primarily dependent upon me for financial support.

I have provided this information for use by AvMed Health Plan for the purpose of determining eligibility for and participation in AvMed's HMO/POS (as applicable) by the aforesaid child(ren).

I affirm that the information in this Affidavit of Support is true to the best of my knowledge and belief. I understand that any misrepresentation by me in this Affidavit may result in retroactive termination of coverage in AvMed's HMO/POS (as applicable) and retroactive denial of claims previously processed.

(Employee's/Subscriber's Signature)

Subscribed and Sworn/Affirmed personally before me, a Notary Public, on the _____ day of _____, 20__ by _____, who is
(Employee's/Subscriber's name)
personally known to me or who has provided satisfactory proof of identification.

Notary Public

My Commission Expires: _____