

AFFIDAVIT OF _____

1. I have personal knowledge of the following facts, and if sworn as a witness, I would be competent to testify thereto.
2. I am an active duty member of a United States Armed Service.
3. I have a child with autism.
4. My dependants and I, including my child with autism, are eligible for TRICARE Basic health benefits.
5. I have previously filed a claim with, and/or requested authorization from TRICARE Management Activity or one of its contractors for payment toward Applied Behavior Analysis (“ABA”) therapy for my child with autism.
6. I was informed that ABA therapy is only a covered benefit under the Extended Care Health Option, and is therefore subject to a \$36,000 annual cap.
7. Upon information and belief, any failure or delay in receiving the medically necessary number of hours of ABA therapy will probably have catastrophic developmental, emotional, and/or cognitive consequences for my child with autism.

I declare, under penalty of perjury, that the foregoing matters are true and correct, and that I have personal knowledge of such matters:

Executed pursuant to 28 U.S.C. § 1746, on this ___ day of _____, 2010.

Signature

Print Name

Mailing Address

E-mail Address