

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. My dependents are eligible for TRICARE Basic health benefits.
3. I have a child or children with autism.
4. I learned that TRICARE Management Activity only covers ABA therapy as a benefit under the Extended Care Health Option (“ECHO”). I have been harmed by this policy.

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