

HEALTH INSURANCE AVAILABILITY FOR CHILD[REN]

1. Child[ren]

Name: _____

Birth date: _____, _____

Social Security number: _____—____—_____

Name: _____

Birth date: _____, _____

Social Security number: _____—____—_____

Name: _____

Birth date: _____, _____

Social Security number: _____—____—_____

[If there are more than three children, please provide their names, birth dates, and full Social Security numbers on a separate sheet of paper. Thank you.]

2. Health Insurance Availability

If private health insurance is in effect for the child[ren], or if health insurance is available through your employment or the opposing party's employment, please provide the following information:

Name of insurance company: _____

Policy number: _____

Person responsible for premium payments: _____

Monthly cost of premium: \$_____

[If health insurance is being provided by a different means for any of the children, such as Medicaid or Children's Health Insurance Program (CHIPs), please provide information regarding said means, policy number, and monthly premium costs on a separate sheet of paper.]

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

If you and/or the opposing party do not have access to private health insurance for the child(/ren) at a reasonable cost, but either or both of you have applied for coverage via Medicaid or CHIPs, please provide information regarding the status of that application on a separate sheet of paper. Thank you.]

Prepared on _____, 20____, by _____.