

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff / Petitioner

-vs/and-

Defendant / Petitioner

Enter: _____

Date: _____

Case No. _____

File No. E _____

CSEA No.# _____

Judge _____

GROUP HEALTH INSURANCE AFFIDAVIT

Plaintiff/Petitioner

____ Yes _____ No
____ Yes _____ No

Available through employment
Other group plan

INSURERS NAME

ADDRESS

POLICY NUMBER

Defendant/Petitioner

____ Yes _____ No
____ Yes _____ No

\$ _____

Monthly premium of Individual Plan (employee share)

\$ _____

\$ _____

Monthly premium of Family Plan (employee share)

\$ _____

COVERAGES

Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc. Attach separate sheet where necessary.

() Yes () No
() Self () Above named spouse
() Dependent children of the marriage
() Yes () No
() Yes () No
Emp. Ins. _____
Phone # _____

Is coverage presently in effect?
Who is Covered

Is a participant card available?
Is prescription card available?
Employer's Ins. Coordinator's Name
and Telephone Number

() Yes () No
() Self () Above named spouse
() Dependent children of the marriage
() Yes () No
() Yes () No
Emp. Ins. _____
Phone # _____

\$ _____

The cost to purchase COBRA coverage will be

\$ _____

Plaintiff/Petitioner

Defendant/Petitioner

State of Ohio, County of Hamilton:

Sworn to before me and subscribed in my presence by Plaintiff/Petitioner this _____ day of _____,
20_____.

Notary Public

Sworn to before me and subscribed in my presence by Defendant/Petitioner this _____ day of _____,
20_____.

Notary Public