

STATE OF MICHIGAN
38TH CIRCUIT
MONROE COUNTY

DISCLOSURE OF
HEALTH INSURANCE INFORMATION

CASE NO:

Friend of the Court address: 106 E. First Street, Monroe, MI 48161 Telephone number: (734) 240-7180

The information obtained will be treated as confidential and shall not be used or released except for the purposes of administering, enforcing, and complying with state and federal laws governing child support.

Check one:

EMPLOYEE'S INSURANCE MY INS. CURRENT SPOUSE'S INS. OTHER PERSON'S (NOT EX) INS.

Name of person who carries insurance: _____ Date of birth: _____ Social Security Number: _____

Address: _____ Phone No.: _____

Employer Name: _____ Address: _____ Date of Hire _____ Phone No.: _____

Type of insurance available through employer. If new employee, when will coverage become available? _____

Medical at no cost for family insurance at a cost of \$ _____ per week month year
Name of Company _____ Address and Phone: _____ Group No. _____

Dental at no cost for family insurance at a cost of \$ _____ per week month year
Name of Company _____ Address and Phone: _____ Group No. _____

Vision/Optical at no cost for family insurance at a cost of \$ _____ per week month year
Name of Company _____ Address and Phone: _____ Group No. _____

Prescription at no cost for family insurance at a cost of \$ _____ per week month year
Name of Company _____ Address and Phone: _____ Group No. _____

Other at no cost for family insurance at a cost of \$ _____ per week month year
Name of Company _____ Address and Phone: _____ Group No. _____

Which dependents of this case are NOW covered under this insurance? Show effective date of insurance for each.

Name	DOB	Relationship	SS#	Medical	Dental	Optical	Prescription
_____	_____	_____	_____	Date	Date	Date	Date
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Use other side if necessary.

Sign and return to the Friend of the Court, Medical Enforcement, 106 E. First St., Monroe, MI 48161.

Date _____ Name of Person Preparing Form _____ Phone No. _____