

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**

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<u>Plaintiff/Petitioner</u>			<u>Defendant/Petitioner</u>
Yes	No	Available through employment	Yes
Yes	No	Other group plan	Yes
_____	_____	INSURERS NAME	_____
_____	_____	ADDRESS	_____
_____	_____	POLICY NUMBER	_____
_____	_____		_____

\$ _____	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	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 # _____
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\$ _____	The cost to purchase COBRA coverage will be	\$ _____
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_____	_____
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