

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?

Yes No

Yes No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?

Yes No

Yes No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?

Yes No

Yes No

Does the available insurance cover primary care services within 30 miles of the children's home?

Yes No

Yes No

Under the available insurance, what is the annual premium you pay for family coverage?

\$ _____

\$ _____

Name of group (employer or organization) that provides health insurance

Address

Phone Number
