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

Enter:______________________________

____
Plaintiff / Petitioner

Date:______________________________

Case No.____________________________

-vs/and-

File No. E__________________________

____
Defendant / Petitioner

CSEA No.#__________________________

Judge______________________________

GROUP HEALTH INSURANCE AFFIDAVIT

****

Plaintiff/Petitioner			**Defendant/Petitioner**	
Yes	No	Available through employment	Yes	No
Yes	No	Other group plan	Yes	No
______________________		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.

Plaintiff/Petitioner	Defendant/Petitioner
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

Plaintiff/Petitioner		Defendant/Petitioner
Yes No	Is coverage presently in effect?	Yes No
Self Above named spouse	Who is Covered	Self Above named spouse
Dependent children of the marriage		Dependent children of the marriage
Yes No	Is a participant card available?	Yes No
Yes No	Is prescription card available?	Yes No
Emp. Ins.____________________	Employer's Ins. Coordinator's Name	Emp. Ins.____________________
Phone #____________________	and Telephone Number	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