## IN THE COMMON PLEAS COURT OF MUSKINGUM COUNTY, OHIO DOMESTIC RELATIONS DIVISION

Plaintiff/Petitioner 1	Case No		
vs./and	Judge <u>MARIA N. I</u>	<u>KALIS</u>	
Defendant/Petitioner 2			
<u>Instructions</u> : 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 of the relationship. It is also used to determine child support. <b>If more space is needed, add additional pages.</b>			
HEALTH INSURANCE AFFIDAVIT			
Affidavit of	(D: 11)	_	
	(Print Name)		
	Plaintiff/Petitioner 1	Defendant/Petitioner 2	
Is/are your child(ren) currently enrolled in a governme provided program (i.e. Healthy Start/ Medicaid)?	nt- Yes No	Yes No	
Is/are your child(ren) enrolled in an individual (non-gro or COBRA) health insurance plan?	up Yes No	Yes No	
Is/are your child(ren) enrolled in a plan found through t exchange/Affordable HealthCare Marketplace?	he Yes No	Yes No	
Is/are your child(ren) enrolled in a health insurant plan through a group (employer or other organization)?		Yes No	
If your child(ren) is/are not enrolled, does/do he/she/th have health insurance available through a gro (employer or other organization)?		Yes No	
Does the available insurance cover primary care servic within 30 miles of the children's home?	es Yes No	Yes No	
Under the available insurance, what is the annual premit you pay for family coverage?	<sup>um</sup> \$	\$	
Name of group (employer or organization) that provides health insurance			
Address			

Phone Number

## **OATH OR AFFIRMATION**

(Do not sign until Notary Public is present)

I, (print name) knowledge and belief, the facts and infor- that if I do not tell the truth, I may be sub-		e read this Affidavit and, to the best of my re true, accurate, and complete. I understand
		Your Signature
STATE OF)  COUNTY OF)	ss	
Sworn to or affirmed before me by	this _	day of,,
		Signature of Notary Public
		Printed Name of Notary Public
		Commission Expiration Date:
		(Affix seal here)