

IN THE COMMON PLEAS COURT OF CRAWFORD COUNTY, OHIO

DIVISION OF _____

Plaintiff/Petitioner

V.

Defendant/Petitioner

Case No. _____

CSEA Account No. _____

Family File No. _____

JUDGE _____

MAGISTRATE _____

Health Insurance Disclosure Affidavit (HIDA)

INSTRUCTIONS: This affidavit must be filed according to local rules of court. You are required to disclose all requested information. You may need to consult your employer and insurer to complete this form. There is a continuing duty to update the information contained in this form. If more space is needed, attach additional page(s). Please type or print legibly.

Husband/ Father/ Obligor

DOB | SS#

Street Residence Address

Wife/ Mother/ Other

DOB | SS#

Street Residence Address

Children Subject to Support Order

Name

DOB | SS#

Name

DOB | SS#

Name

DOB | SS#

Name

DOB | SS#

You are to disclose all requested information in the column for you and in the column for the other party.

**Part I
Husband/ Father/ Other**

Name
Employer
Employer Address
Employer Phone

**Part II
Wife/ Mother/ Other**

Name
Employer
Employer Address
Employer Phone

Is Medicaid coverage available? Yes No

Is Medicare coverage available? Yes No

Is family Health Insurance available either through the employer or another group or organization? Yes No

If not, is Private insurance Available? Yes No

Is coverage presently in effect? Yes No

Who is presently covered?

Name	Relationship

Is Medicaid coverage available? Yes No

Is Medicare coverage available? Yes No

Is family Health Insurance available either through the employer or another group Or organization? Yes No

If not, is Private insurance Available? Yes No

Is coverage presently in effect? Yes No

Who is presently covered?

Name	Relationship

Insurer/ Plan Name	Phone
Address	
Policy/ Group #	
Other Policy/ Group # (if another policy is available)	

Insurer/ Plan Name	Phone
Address	
Policy/ Group #	
Other Policy/ Group # (if another policy is available)	

You are to disclose all requested information in the column for you and in the column for the other party.

Part I (Continued)
Husband/ Father/ Other

Is there a cost for coverage? Yes No

Special Instruction – The court requires both the family cost and the Individual cost information.

What is the annual cost for Family coverage?

\$

What is the annual cost for individual coverage?

\$

Is a Health insurance card available? Yes No

Are insurance cards required for services? Yes No

Does the plan cover Hospitalization? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$ Per Visit Mo Yr

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Visit Mo Yr

Does the plane cover doctor visits? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$ Per Visit Mo Yr

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Visit Mo Yr

Part II (Continued)
Wife/ Mother/ Other

Is there a cost for coverage? Yes No

Special Instruction – The court requires both the family cost and the Individual cost information.

What is the annual cost for Family coverage?

\$

What is the annual cost for individual coverage?

\$

Is a Health insurance card available? Yes No

Are insurance cards required for services? Yes No

Does the plan cover Hospitalization? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$ Per Visit Mo Yr

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Visit Mo Yr

Does the plan cover doctor visits? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$ Per Visit Mo Yr

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Visit Mo Yr

You are to disclose all requested information in the column for you and in the column for the other party.

Part I (Continued)

Husband/ Father/ Other

Part II (Continued)

Wife/ Mother/ Other

Is a Prescription card available? Yes No

Is a Prescription card available? Yes No

Is there a co-payment required? Yes No

Is there a co-payment required? Yes No

If yes, what is the co-payment?

If yes, what is the co-payment?

\$ Per prescription

\$ Per prescription

Is Dental coverage available? Yes No

Is Dental coverage available? Yes No

Insurer/ Plan Name	Phone
Address	
Policy/ Group #	

Insurer/ Plan Name	Phone
Address	
Policy/ Group #	

Is there a cost for Dental coverage? Yes No

Is there a cost for Dental coverage? Yes No

Special Instruction – The court requires both the family cost and the individual cost information.

Special Instruction – The court requires both the family cost and the individual cost information.

What is the annual cost for Family Dental coverage?

What is the annual cost for Family Dental coverage?

\$

\$

What is the annual cost for Individual Dental coverage?

What is the annual cost for Individual Dental coverage?

\$

\$

Is a Dental insurance card available? Yes No

Is a Dental insurance card available? Yes No

Are Dental insurance cards required For services? Yes No

Are Dental insurance cards required For services? Yes No

Is Vision coverage available? Yes No

Is Vision coverage available? Yes No

Insurer/ Plan Name	Phone
Address	
Policy/ Group #	

Insurer/ Plan Name	Phone
Address	
Policy/ Group #	

You are to disclose all requested information in the column for you and in the column for the other party.

Part I (Continued)

Husband/ Father/ Other

Part II (Continued)

Wife/ Mother/ Other

Is there a cost for Vision coverage? Yes No

Is there a cost for Vision coverage? Yes No

Special Instruction – The court requires both the family cost and the individual cost information.

What is the annual cost for Family Vision coverage?

\$

What is the annual cost for Individual Vision coverage?

\$

Special Instruction – The court requires both the family cost and the individual cost information.

What is the annual cost for Family Vision coverage?

\$

What is the annual cost for Individual Vision coverage?

\$

Is Vision insurance card available? Yes No

Are Vision insurance cards required for services? Yes No

Is Vision insurance card available? Yes No

Are Vision insurance cards required for services? Yes No

Is COBRA insurance available?
(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$

Check One:

Per Mo Yr

Is COBRA insurance available?
(A continuation of present insurance coverage after termination of employment or marriage)

If yes, at what cost?

\$

Check One:

Per Mo Yr

Instructions: In a divorce or post divorce action, only the party filing the HIDA is required to sign the oath. In a dissolution action, both parties must sign the oath.

OATH OF AFFIANT(S) – SIGNATURE(S) MUST BE NOTARIZED

I hereby swear or affirm that the information set forth in this health insurance disclosure affidavit above is true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

AFFIANT – Husband/ Father/ Other

AFFIANT – Wife/ Mother/ Other

Sworn to and subscribed before me on this _____ day of _____, 200_

Notary Public