

IN THE COURT OF COMMON PLEAS

ASHTABULA COUNTY, OHIO

) CASE NO.

)

)

) Judge

)

) HEALTH INSURANCE ORDER

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PLAINTIFF/PETITIONER

)

)

VS.

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DEFENDANT/PETITIONER

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1. Pursuant to Ohio Revised Code §3119.30(A) both parents are liable for the health care of the child(ren) who is/are not covered by private health insurance or cash medical support as calculated in accordance with §3119.022 or §3119.023, as applicable. The parties shall be ordered to share uncovered medical costs of the minor child/ren in the following proportions: MOTHER shall pay % and FATHER shall pay %. Uncovered medical costs include, but are not limited to, all uninsured medical, dental, prescription, optical, and psychological costs of the minor child/ren.

2. (Check the appropriate of two boxes)

Based upon the HEALTH CARE DETERMINATIONS, the Court finds that neither parent has private health insurance coverage available for the child(ren) at a reasonable cost.

The Child Support Obligor and the Child Support Obligee shall immediately inform the ACCSEA if private health insurance coverage for the child(ren) becomes available to either the Obligor or the Obligee. The ACCSEA shall determine if the private health insurance is available at a reasonable cost and if coverage is reasonable, order the Obligor or the Obligee to obtain private health insurance.

-OR-

Based upon the HEALTH CARE DETERMINATIONS, the Court finds that the mother and/or the father have the following private health insurance coverage available for the child(ren) at a reasonable cost through a group policy, contract, or plan:

Insurer:

Available to:

MOTHER

FATHER

3. The following person(s) is/are hereby designated as the **Health Insurance Obligor(s)**, until further order of Court, and are ordered to provide private health insurance as soon as it becomes reasonably available through employment:

**MOTHER**  
**FATHER**  
**MOTHER** and **FATHER**

**HEALTH INSURANCE IS CONSIDERED REASONABLY AVAILABLE IF THE COST TO COVER THE CHILD(REN) IS NO MORE THAN 5% OF THE PARENT'S GROSS INCOME.**

The Health Insurance Obligor(s) shall provide private health insurance through:

**MOTHER**

- Name of employer/group/individual
- Address of employer/group/individual
- Name of health plan
- Name of insurance company
- Claims address of insurance company
- Customer service telephone number
- Group number
- Identification/Subscriber number

**FATHER**

- Name of employer/group/individual
- Address of employer/group/individual
- Name of health plan
- Name of insurance company
- Claims address of insurance company
- Customer service telephone number
- Group number
- Identification/Subscriber number

and shall designate the following child(ren) as covered dependents under the private health insurance policy, contract or plan:

Full name of each child subject to the Medical Support Order  
name(s)

Date of Birth

4. Pursuant to Ohio Revised Code §3119.30 the parent(s) ordered to provide private health insurance for the child(ren) shall, not later than thirty (30) days after the issuance of the order, supply the other parent with information regarding the benefits, limitations and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the health insurance coverage and a copy of any necessary insurance cards.
5. The following individual shall be reimbursed for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the above-named child(ren):

Name of party

Address

The health plan administrator(s) of the health insurer(s) that provide(s) the private health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract, or plan.

6. The employer(s) of the person(s) required to obtain private health insurance coverage is/are required to release to the other parent, any person subject to an order issued under §3109.19 of the Revised Code, or the ACCSEA, on written request, any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract or plan number, and to otherwise comply with Ohio Revised Code §3119.32 and any order or notice issued under this section.

7. If the person(s) required to obtain private health insurance coverage for the child(ren) subject to this child support order obtain(s) new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) in private health insurance coverage provided by the new employer.

8. Any employer who receives a copy of an order issued under Ohio Revised Code §3119.30, §3119.33 or §3119.34 shall notify the ACCSEA of any change in or the termination of the Child Support Obligor's or the Child Support Obligees' private health insurance coverage that is maintained pursuant to the order.

9. Upon receipt of notice by the ACCSEA that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in §3119.022 or §3119.023 of the Revised Code, as applicable. The ACCSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the court order and cash medical support without a hearing or additional notice to the parties.

**IT IS SO ORDERED:**

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JUDGE

**INSTRUCTIONS TO THE CLERK**

The Clerk of Courts shall mail copies of the foregoing Health Insurance Order to

by regular U.S. Mail.