

DIVISION OF DOMESTIC RELATIONS

Plaintiff/Petitioner

Case No.: _____

CSEA No.: _____

V.

Family File No. _____

Defendant/Petitioner

JUDGE _____

MAGISTRATE _____

Health Insurance Disclosure Affidavit (HIDA) [DR-3]

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 an continuing duty to update the information contained in this form. If more space is needed, attach additional page(s). Please type or print legibly.

Children Subject to Support Order

Husband/Father/Other

Name of Child

DOB SS#

DOB SS#

Street Residence Address

Name of Child

DOB SS#

Wife/Mother/Other

Name of Child

DOB SS#

DOB SS#

Name of Child

Street Residence Address

DOB SS#

Name of Child

DOB

SS#

Name of Child

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

Part II
Wife / Mother / Other

Name _____

Name _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Employer Phone _____

Employer Phone _____

Is Medical coverage available? Yes No

Is Medical coverage available? Yes No

Is Medicare 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

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

If not is Private insurance available?
 Yes No

If not is Private insurance available?
 Yes No

Who is presently covered?

Who is presently covered?

Name	Relationship

Name	Relationship

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

Husband / Father / Other

Wife / Mother / Other

Insurer / Plan Name _____

Insurer / Plan Name _____

Phone _____

Phone _____

Address _____

Address _____

Policy / Group # _____

Policy / Group # _____

Other Policy / Group # _____

Other Policy / Group # _____

(If another policy is available)

(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.

Is there a cost for coverage Yes No

Is there a cost for coverage Yes No

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

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

What is the annual cost for Family coverage \$ _____

What is the annual cost for Family coverage \$ _____

What is the annual cost for individual coverage \$ _____

What is the annual cost for individual coverage \$ _____

Is a Health insurance card available? Yes No

Is a Health insurance card available? Yes No

Are insurance cards required for services? Yes No

Are insurance cards required for services? Yes No

Does the plan cover Hospitalization? Yes No

Does the plan cover Hospitalization? Yes No

Is there a deductible for services? Yes No

Is there a deductible for services? Yes No

if yes, what is the deductible? \$ _____

if yes, what is the deductible? \$ _____

Check one: Per _____

Check one: Per _____

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? \$ _____

Check one: Per _____

Check one: Per _____

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

Husband / Father / Other

Wife / Mother / Other

Does the plan cover doctor visits? Yes No

Does the plan cover doctor visits? Yes No

Is there a deductible for services? Yes No

Is there a deductible for services? Yes No

if yes, what is the deductible? \$ _____

if yes, what is the deductible? \$ _____

Check one: Per _____

Check one: Per _____

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? \$ _____

Check one: Per _____

Check one: Per _____

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? _____ Per Prescription

if yes, what is the co-payment? _____ Per Prescription

Is Dental coverage available? Yes No

Is Dental coverage available? Yes No

Insurer / Plan Name _____

Insurer / Plan Name _____

Phone _____

Phone _____

Address _____

Address _____

Policy / Group # _____

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

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

Husband / Father / Other

Wife / Mother / Other

Is Vision coverage available? Yes No

Is Vision coverage available? Yes No

Insurer / Plan Name _____

Insurer / Plan Name _____

Phone _____

Phone _____

Address _____

Address _____

Policy / Group # _____

Policy / Group # _____

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.

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 Family Vision coverage? \$ _____

What is the annual cost for individual Vision coverage? \$ _____

What is the annual cost for individual Vision coverage? \$ _____

Is a Vision insurance card available? Yes No

Is a Vision insurance card available? Yes No

Are Vision insurance cards required for services? Yes No

Are Vision insurance cards required for services? Yes No

Is COBRA insurance available? Yes No

Is COBRA insurance available? Yes No

(A continuation of present insurance coverage after termination of employment or marriage.

(A continuation of present insurance coverage after termination of employment or marriage.

If yes, at what cost? \$ _____

If yes, at what cost? \$ _____

Check one: Per _____

Check one: Per _____

Instructions: In a divorce or post decree 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) - SIGNATURES 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 _____, 20____

Notary Public