State of Illinois
Healthcare and Family Services

Health Insurance Report

4(PERMANENT)

1. NCP NAME _____ RIN _____

IV-A # _____

IV-D # _____

1. CP NAME _____ RIN _____

FIPS / DOCKET _____

2. Must Be Completed

POLICYHOLDER / EMPLOYEE - LAST _____ FIRST _____ MI _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ INSURANCE BEGIN DATE _____ INSURANCE END DATE _____

3. Complete Only for Individual Health / Hospital Insurance

INSURANCE COMPANY _____ CERTIFICATE / POLICY # _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

4. Complete Only if Insurance is Through Employer / Union

EMPLOYER / UNION _____ EMPLOYER FEIN _____ UNION LOCAL # _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

INSURANCE COMPANY _____ GROUP # _____ CERTIFICATE / POLICY # _____

5. Where are Claims Mailed?

MEDICAL CLAIMS GO TO - NAME _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

RX DRUG CLAIMS GO TO - NAME _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

6. Check if the Following Benefits Are Provided

☐ MAJOR MEDICAL ☐ DENTAL ☐ VISION ☐ RX DRUG ☐ RX CARD #

8. Complete for Insured and All Covered Dependents

Name - First	Name - Last	SSN	Insurance Date of Birth	Insurance Begin Date	End Date	*(page 2)

Health Insurance Report

PREMIUM FOR INSURED $ _____ PER _____ PREMIUM FOR INSURED $ _____ PER _____

(FROM PAGE 1)
*ENTER RELATIONSHIP TO POLICYHOLDER CODE: (PLCYHLDR - 0; SON - 1; DAU - 2; SPOUSE - 3; STEPCHILD - 4; GRANDCHILD - 5; OTHER - 6)

8. Complete if Dependents Were Insured By You Under a Previous Plan (Group Insurance Only)

NAME OF PREVIOUS CARRIER	GROUP #	BEGIN DATE	END DATE

STREET	CITY	STATE	ZIP CODE

9. Person Completing This Form

SIGNATURE	TELEPHONE	DATE

Upon completion of this form, please print, sign and fax it to: Division of Child Support Enforcement, Medical Support Unit at 1-312-803-0873.

or

The completed and signed form may also be mailed to:

Division of Child Support Enforcement
Medical Support Unit
P.O. Box 641097
Chicago, IL 60664-1097

http://www.ilchildsupport.com

Reset Form Print Form