STATE OF MICHIGAN
TUSCOLA COUNTY
54TH JUDICIAL CIRCUIT
FAMILY DIVISION

HEALTH INSURANCE INFORMATION SHEET

CASE NUMBER

COMPLETE, SIGN & RETURN TO THE FRIEND OF THE COURT WITHIN 21 DAYS. TUSCOLA CO. COURT HOUSE, 1ST FL., 440 N STATE STREET, CARO, MI 48723

Name: _____

Current Address: _____

Phone Number: _____

Employer Name, Address & Phone Number: _____

YES	NO	
_____	_____	Is health insurance available through your employer?
_____	_____	If NO, do you have private health insurance for yourself?
_____	_____	Do you maintain health insurance through your spouse's employer?

Please indicate the types of coverage your insurance provides:

_____ Medical _____ Dental _____Hospitalization _____ Optical _____ Prescription drugs

List names of all children for whom you maintain insurance coverage:

_____
Name Date of Birth

_____
Name Date of Birth

_____
Name Date of Birth
(Use back of form if necessary)

ATTACHE PHOTOCOPY (Front & Back) OF ANY INSURANCE ID CARD YOU HAVE

DATE: _____

_____
YOUR SIGNATURE

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