

**IN THE COMMON PLEAS COURT OF HURON COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

_____ : Case No. _____
 Plaintiff/Petitioner (1)
 :
 : CSEA No. _____
 :
 V. : Family File No. _____
 :
 : JUDGE JAMES W. CONWAY
 _____ :
 Defendant/Petitioner (2)/Respondent :
 : MAGISTRATE BRADLEY E. SALES
 :

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 to complete this form. There is a continuing legal 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/Other	
DOB	SS# XXX-XX-____
Street Residence Address	

Children Subject to Support Order

Name	
DOB	SS# XXX-XX-____
Name	
DOB	SS# XXX-XX-____

Wife/Mother/Other	
DOB	SS# XXX-XX-____
Street Residence Address	

Name	
DOB	SS# XXX-XX-____
Name	
DOB	SS# XXX-XX-____

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

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? Yes No

Name	Relationship

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

**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? Yes No

Name	Relationship

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
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 service? Yes No

Does the plan cover hospitalization? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Does the plan cover doctor visits? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Part II
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 service? Yes No

Does the plan cover hospitalization? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Does the plan cover doctor visits? Yes No

Is there a deductible for services? Yes No

If yes, what is the deductible?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

Is there a co-payment required? Yes No

If yes, what is the co-payment?

\$	Check one: Per <input type="checkbox"/> Visit <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
----	--

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**

Is a prescription card available? Yes No

Is a co-payment required? Yes No

If yes, what is the co-payment?

\$ Per Prescription

Is dental coverage available? Yes No

Insurer/Plan Name	Phone
Address	
Policy/Group #	

Is there a cost for dental coverage? Yes No

Special Instruction - The court requires both the family cost and the individual cost information. What is the annual cost for family dental coverage?	
\$ <input type="text"/>	
What is the annual cost for individual dental coverage?	
\$ <input type="text"/>	

Is a dental insurance card available? Yes No

Are dental insurance cards required for service? Yes No

Is vision coverage available? Yes No

Insurer/Plan Name	Phone
Address	
Policy/Group #	

**Part II
Wife/Mother/Other**

Is a prescription card available?

Is a co-payment required?

If yes, what is the co-payment?

\$ Per Prescription

Is dental coverage available? Yes No

Insurer/Plan Name	Phone
Address	
Policy/Group #	

Is there a cost for dental coverage? Yes No

Special Instruction - The court requires both the family cost and the individual cost information. What is the annual cost for family dental coverage?	
\$ <input type="text"/>	
What is the annual cost for individual dental coverage?	
\$ <input type="text"/>	

Is a dental insurance card available? Yes No

Are dental insurance cards required for service? Yes No

Is vision coverage available? Yes No

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
Husband/Father/Other**

**Part II
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 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
(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? Yes No
(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 decree action, only the party filling out the Health Insurance Disclosure Affidavit (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 this _____ day of _____, 20____.

Notary Public