# IN THE COURT OF COMMON PLEAS GEAUGA COUNTY, OHIO

	:	CASE NO
Plaintiff/Petitioner	:	JUDGE
VS.	:	
	:	ORDER
Defendant/Petitioner	:	(Health Insurance and Expense) ORC §3119.3056
The Court has determined that responsible for the health care of the	following child	d(ren): is the party
The Court further finds that the and plans are available at reasonable (List name of insurer, address, response)	cost to the	vate health insurance and health care policies, contracts Obligor, or Obligee, or both:  nd policy or contract number)
Name of Plan/Insurer	Available to:	Policy/Contract #
ORDER ON BOTH	OBLIGOR A	CTION I. AND OBLIGEE – DUAL COVERAGE native B-1)
policy, contract or plan, available to	the Obligor thr	is accessible and reasonable in cost through a group ough
<u>AND</u> to the Obligee through both parents would provide a coordin coverage.	nation of medic	, and that dual coverage by cal benefits without an unnecessary duplication of
that no later than 30 days after the is	ssuance of this	O AND DECREED, in accordance with ORC§3119.30 support order, both the Obligor and Obligee shall secur the following child(ren): (names, d.o.b.)
and shall hereafter be referred to as t	he Health Insu	rance Obligors.

IT IS FURTHER ORDERED, in accordance with paragraph (C) of ORC §3119.30 that the <u>Child Support Obligor</u> shall pay cash medical support during any period in which the child(ren) named above are not covered by private health insurance pursuant to the support order.

### ORDER ON OBLIGEE (Alternative B-2)

The Court finds that private health insurance is accessible and reasonable in cost through a group policy, contract or plan, available to the Obligee through and it is available to the Obligee at a more reasonable cost than any group, policy, contract or plan available to the Obligor.				
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, in accordance with ORC§3119.30, that no later than 30 days after the issuance of this support order, the Obligee shall secure and maintain private health insurance coverage for the following child(ren): (names, d.o.b.)				
and shall hereafter be referred to as the Health Insurance Obligor.				
IT IS FURTHER ORDERED, in accordance with paragraph (C) of ORC §3119.30 that the <u>Child Support Obligor</u> shall pay cash medical support during any period in which the child(ren) named above are not covered by private health insurance pursuant to the support order.				
ORDER ON OBLIGOR (Alternative B-3)				
The Court finds that private health insurance is accessible and reasonable in cost through a group policy, contract or plan available to the Obligor through and it is available to the Obligor at a more reasonable cost than any group, policy, contract or plan available to the Obligee.				
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, in accordance with ORC§3119.30, that no later than 30 days after the issuance of this support order, the Obligor shall secure and maintain private health insurance coverage for the following child(ren): (names, d.o.b.)				
and shall hereafter be referred to as the Health Insurance Obligor.				

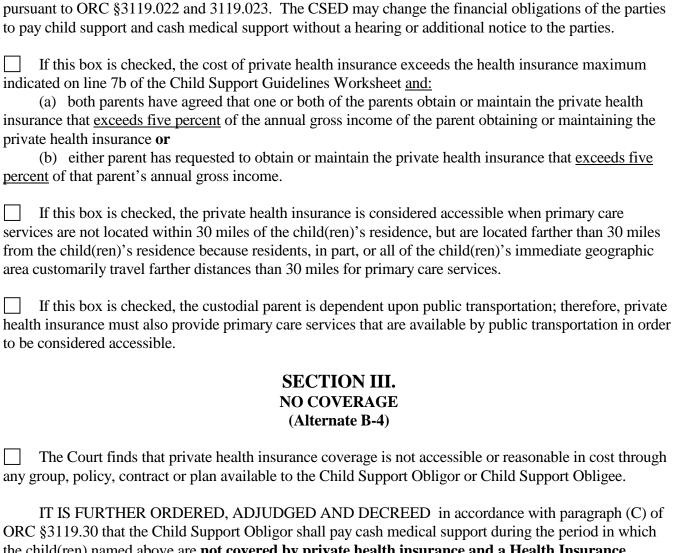
### SECTION II.

not covered by private health insurance pursuant to the support order.

IT IS FURTHER ORDERED, in accordance with paragraph (C) of ORC §3119.30 that the <u>Child Support Obligor</u> shall pay cash medical support during any period in which the child(ren) named above are

(Variables)

In accordance with paragraph (I) of ORC § 3119.32, upon receipt by the CSED of notice that private health insurance coverage that is reasonable in cost is <u>not</u> available to the Health Insurance Obligor, cash medical support shall be paid in the amount determined by the Child Support Computation Worksheet



ORC §3119.30 that the Child Support Obligor shall pay cash medical support during the period in which the child(ren) named above are **not covered by private health insurance and a Health Insurance Obligor has not been identified.** If a Health Insurance Obligor is identified, the Child Support Obligor shall pay cash medical support during any period in which the child(ren) are not covered by private health insurance pursuant to the support order. The cash medical support shall be paid in the amount as determined by the child support computation worksheet pursuant to ORC §3119.022 or 3119.23.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, in accordance with ORC §3119.30, that if after the issuance of this Order, private health insurance coverage for the child(ren) named above becomes available through any group, policy, contract or plan available to the Child Support Obligor or the Child Support Obligee, the Child Support Obligor or the Child Support Obligee to whom coverage becomes available SHALL IMMEDIATELY INFORM THE CSED OF THE AVAILABLE COVERAGE. When the CSED becomes aware through reporting by either party or by any other means that private health insurance may be available, the CSED will then determine whether the private health insurance coverage is reasonable in cost. When the CSED determines that the private health insurance coverage is reasonable in cost and accessible, the CSED shall notify both parties that the person to whom the coverage is available is now the Health Insurance Obligor and is ordered to secure and maintain private health insurance for the child(ren) named above and to meet the requirements identified under "Notice to Health Insurance Obligor" without an additional order or hearing.

## SECTION IV. UNINSURED MEDICAL COSTS

#### IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

OT I.		0/ 1	
Obligor,	pay	% and	
Obligee	pay	%	
of the costs of health care needs of the child(ren) nesupport ordered to be paid, when private health instruction accordance with the support order, OR of the uninstruction under the health insurance policy, contract private health insurance coverage is being provided	surance is not avai sured health care of t or plan that cove	ilable or is not being provided it costs or co-payment or deductions ers the child(ren) named above	in ble costs
SEC NOTICE TO THE HEAD	CTION V. LTH INSURAN	CE OBLIGOR	
Within thirty days of the date of this support order, child(ren) named above as covered dependents und which the Health Insurance Obligor/s contracts.			
The individuals who are designated to be reimburs pocket medical, optical, hospital, dental or prescrip	-		
Name:	Name:		
Address:	Address:		
	1.1 .	6 (1 131/ )	

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

The Health Insurance Obligor may be required to pay the co-payment or deductible costs required under the health insurance policy, contract or plan that covers the child(ren) named above.

The Health Insurance Obligor's employer is required to release to the other parent, any person subject to an order issued under ORC §3109.19 or the CSED 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 ORC §3119.32 and any order or notice issued under ORC §3119.32.

If the Health Insurance Obligor obtains new employment, the CSED shall comply with the requirements of ORC §3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) named above in private health insurance coverage provided by the new employer.

Within 30 days of the date of this order, the Health Insurance Obligor must provide to the other party information regarding the benefits, limitations and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary insurance cards.

IT IS SO ORDERED.	
	, JUDGE
Plaintiff/Petitioner's Attorney	
Defendant/Petitioner's Attorney	
Obligor:	Obligee:
Address:	Address:
Obligor Employer:	Obligee Employer:
Address:	Address:
Obligor Insurer:	Obligee Insurer:
Address:	Address:
Policy No.:	Policy No.:

cc: Geauga County Child Support Division 12480 Ravenwood Drive, P.O. Box 309 Chardon, Ohio 44024 PH. (440) 285-9141

> Plaintiff/Petitioner's Attorney Defendant/Petitioner's Attorney