

City of Phoenix - Human Resources Department
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Phoenix, AZ 85003

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DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

Insurance Coverage Information

Thank you for responding to the National Medical Support Notice. In order for us to update our records with the coverage information, we will need the names of the insurance companies, their complete business address, and either a policy, group, or membership number (for each).

Enrolled Employee: Noncustodial Test
SSN: ***-**-1111

Covered Children:

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
CHILD TEST	04/15/2010	914-28-7306

Insurance Company Name: _____

Insurance Company Address: _____

Policy # _____ Group # _____ Member # _____

Type of insurance offered:

_____ Medical _____ Dental _____ Vision _____ Prescription Drug _____ Mental Health
_____ Other (specify): _____

Effective Date of Coverage: _____



Insurance Company Name: _____

Insurance Company Address: _____

Policy # _____ Group # _____ Member # _____

Type of insurance offered:

_____ Medical _____ Dental _____ Vision _____ Prescription Drug _____ Mental Health
_____ Other (specify): _____

Effective Date of Coverage: _____

Insurance Company Name: _____

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Policy # _____ Group # _____ Member # _____

Type of insurance offered:

_____ Medical _____ Dental _____ Vision _____ Prescription Drug _____ Mental Health
_____ Other (specify): _____

Effective Date of Coverage: _____



The information above is provided for the sole purpose of enrolling the children in a medical insurance plan. This information is confidential and must not be released to anyone including the obligor. Please destroy this document once the children have been enrolled.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcsc.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

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