FCSE0001F0624001 001428730400 13 06
DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

(602) 252-4045

NONCUSTODIAL TEST
C/O NONCUSTODIAL TEST
125 MAIN STREET
MESA, AZ 85201

October 25, 2024

DRAFT

Katie Hobbs
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

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

Confirmation Of Health Coverage

The Division of Child Support Services (DCSS) must ensure that medical insurance coverage is being provided for your child(ren). We are sending this letter to get information about your children's medical insurance coverage in order to update our records.

Please verify that your child(ren) has/have medical insurance coverage by filling out the enclosed form. Please fill out as much information as possible about the medical insurance coverage. You **must** sign, date and return the enclosed form to the DCSS within 10 days from the date of this letter.

If you do not respond, and you are the person whom the court has ordered to provide the medical insurance coverage and are not insuring the child(ren), a notice will be sent to your employer directing them to enroll your child(ren) in an available health insurance plan.

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/dcss.

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.

Medical Insurance Information

RE CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZ CARES Case Number: 001428730400

Do your children have medical insurance coverage? ( ) Yes ( ) No

Insurance Company Name: _____

Address: _____

Phone: _____ Fax: _____

Policy Holder Name: _____

Policy/Member Number: _____ Group Number: _____

Coverage timeframes: From: _____ To: _____

What services are covered under this Policy? (Circle all that apply):

Health Dental Vision All

Children Covered by This Medical Insurance

1. Child Name (Last, First, MI) _____
   Birthdate: __/__/__ Tribal Census No.: _____

2. Child Name (Last, First, MI) _____
   Birthdate: __/__/__ Tribal Census No.: _____

3. Child Name (Last, First, MI) _____
   Birthdate: __/__/__ Tribal Census No.: _____

4. Child Name (Last, First, MI) _____
   Birthdate: __/__/__ Tribal Census No.: _____

5. Child Name (Last, First, MI) _____
   Birthdate: __/__/__ Tribal Census No.: _____

6. Child Name (Last, First, MI) _____
   Birthdate: __/__/__ Tribal Census No.: _____

Is this Policy provided by AHCCCS? (check one) ( ) Yes ( ) No
Is this Policy provided through employer? (check one) ( ) Yes ( ) No

(If Yes, enter Employer name and address)

Employer Name: _____

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Employer Address: _____

Employer Phone Number: _____

Date: _____ Your Signature: _____

Print Name: _____

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