

CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 15, 2024

Katie Hobbs
Governor



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 is authorized by Federal Regulations (45 C.F.R. §§ 303.30 and 303.31) and A.R.S. § 25-534, to ensure that medical insurance coverage is provided for your child(ren). We are sending you this notice because, per your court order, you are ordered to provide medical coverage for your children.

To assist us in keeping our medical coverage records up-to-date, please confirm for us that your children have coverage by providing the information requested on the second page. Please complete as much information as possible and sign and date this form and return it to the address listed above, within 10 business days. If a response is not received, we will issue a National Medical Support Notice to your current employer. This notice will direct the employer to enroll your children in an available health plan.

If you are not the ordered party, you can ask for an Administrative Review. The request must be in writing, signed by the requesting party, and include the requester's residential and mailing addresses. The request must also state the basis for the dispute and must include any relevant information that will assist the Division, including a copy of the most recent court order issued.



Health Insurance Information

Insurance Company Name	Phone	Fax No.
Insurance Company Address (No., Street, City, State, ZIP)		
Policy/Member No.	Group No.	Coverage: From: To:
What services are covered under this Policy? (Mark all that apply):		
<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision <input type="checkbox"/> All

Child(ren) Covered By Medical Insurance

Child Name(Last, First, MI)	Birthday	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthday	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthday	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthday	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthday	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthday	Sex	Child SSN	Tribal Census No.
Is the Policy provided by AHCCCS? () Yes () No		Is the Policy provided through employer? () Yes () No		
		Employer Name: Employer Address:		
Date		Signature		

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.

