

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	Additional Health Insurance (FINANCIAL AFFIDAVIT) <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i> _____ Case Number
Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk.	_____ Petitioner <i>(First, middle, last name)</i> v. _____ Respondent <i>(First, middle, last name)</i>	

IMPORTANT: (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

Fill out this form only if you have additional **Health Insurance** carriers. If you fill it out, attach this form to your *Financial Affidavit*.

In **13**, enter information about the primary health insurance you have for yourself and your family.

13. Health Insurance

I have health insurance Yes No

The insurance carrier is _____

The type of insurance is Medical Dental Optical

Deductible: Per individual \$ _____ Per family \$ _____

It covers Me My spouse/partner My dependents

Type of Policy HMO PPO Other

Provided by Employer Private Policy Other Group Medicaid/All Kids

Monthly cost is paid by Me My spouse Other

Total number of people covered by this policy: _____

Total cost for covering children of this relationship: \$ _____

Total Monthly Health Insurance Cost \$