



ADDITIONAL HEALTH INSURANCE

(FINANCIAL AFFIDAVIT)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____
County Where You Are Filing the Case

PETITIONER: _____
Who started the case. First, Middle, and Last Name

RESPONDENT: _____
Who the case was filed against. First, Middle, and Last Name

Case Number _____

Use this form **only** if you ran out of space on the *Financial Affidavit*. File this form with your *Financial Affidavit*.

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.

Additional Information continued from the *Financial Affidavit*:

e. Health Insurance Expenses

Enter information about additional health insurance you have for yourself and your family.

Name of insurance company: _____

Type of insurance: ☐ Medical ☐ Dental ☐ Orthodontic (braces) ☐ Vision

Type of Policy: ☐ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☐ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: _____

The insurance covers: ☐ Me ☐ My spouse/partner ☐ children of this relationship

☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages): _____

Total monthly cost for this insurance is \$ _____

This cost is paid by: ☐ Me ☐ My spouse/partner ☐ Other: _____

Monthly cost for this insurance for covering children: \$ _____

Monthly cost for this insurance for covering children of this relationship (if known): \$ _____

Yearly deductible (amount you pay before your insurance starts to pay):

Per individual \$ _____ Per family \$ _____

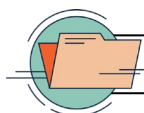
Coinurance (percentage of costs you pay, e.g. 20%): _____

If you are attaching more than one additional health insurance forms, list the number of forms you are attaching.

☐ I have more than two health insurance policies and so I have attached:

_____ Additional Health Insurance forms.

Number



File this form with your *Financial Affidavit*.