Clark County Department of
Job & Family Services

CHANGE OF HEALTH INSURANCE STATUS

Your Name: _____

Social Security Name: _____ Your Birth Date: _____

Current Address:_____ Phone #: _____

City:_____State: _____ Zip Code: _____

SETS Case No.: _____

SETS Case No.: _____

SETS Case No.: _____

Insurance Company: _____

Address: _____

_____

_____

Policy #: _____ Group #: _____

Beginning Date: _____ End-Date: _____

Employer Name and Address: _____

_____

Children Covered by Insurance:

Name: _____ Name: _____

Name: _____ Name: _____

_____

Please Sign and Date

(Rev. 09/14)

Child Support Enforcement Agency

P.O. Box 967A • 1346 Lagonda Ave. Springfield, OH 45501-1037 • T: 937.327.1700 • F: 937.327.1996 • www.clarkdjfs.org

A Division of Clark County Department of Job & Family Services