

Recipient Name
Recipient Address

This letter is regarding court ordered health insurance coverage for your child(ren).

This office has received verification that there is more than one health insurance plan available from which you can choose coverage for your child(ren). Please review the enclosed information regarding each option, taking into consideration that there may be additional contributions that the noncustodial parent may have to make to obtain coverage, whether there is a limited service area for any option and the different coverage limitations or co-pays required.

Please select a plan and advise this office of your choice within 10 calendar days of receipt of this letter. Failure to select a plan will result in enrollment of the child(ren) in the default option, if the employer provides one. If the employer does not have a default option, this office will select the lowest cost plan that provides coverage where your child(ren) reside.

Once health insurance coverage is obtained for your child(ren), you will be notified in writing.