

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	EMPLOYER'S DISCLOSURE OF HEALTH INSURANCE INFORMATION	COURT CASE NO.
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Friend of the court address **Telephone no.**

The information obtained will be treated as confidential and shall not be used or released except for the purposes of administering, enforcing, and complying with state and federal laws governing child support.

Name of FOC employee (type or print)	Title	Telephone no.	Date
1. Employee name		2. Address	
3. Social security number	4. Employer name	5. Employer federal identification no.	
6. Employer address		7. IV-D case no.	

Complete items 8, 9, and 10 if insurance is **available** to employee.

8. Medical insurance company name, address, telephone no. Policy number	9. Dental insurance company name, address, telephone no. Policy number				
10. Optical insurance company name, address, telephone no. Policy number	11. What dependent coverage is automatically available? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical				
12. What dependent coverage is available by payment of an additional premium? Specify cost to employee <input type="checkbox"/> per individual <input type="checkbox"/> per family <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____					
13. What dependents of employee are covered?					
Name	DOB	Relationship	Medical	Effective Date of Coverage Dental	Optical
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Sign and return to the friend of the court address listed above. Use other side if necessary. See the notice on the other side.

Date _____ Name and signature of person preparing form _____ Telephone no. _____

NOTICE TO EMPLOYER

Pursuant to Michigan law, you are required to provide information relative to the custodial or absent parent as follows:

Sec. 18.(1) Subject to subsection (3) and (4), upon the request of the office of the friend of the court, any employer or former employer of a parent as defined in section 1 of the office of child support act, 1971 PA 174, MCL 400.231, who is or was employed as an employee or independent contractor, shall provide the following information relative to the custodial parent or absent parent:

- (a) Full name and address.
- (b) Social security number (unless the parent is exempt under state or federal law).
- (c) Date of birth.
- (d) Amount of wages earned by or other income due the custodial parent or absent parent. Both net and gross income shall be reported, regardless of the method of payment.
- (e) The following information concerning the person's current and former employment status: whether or not the custodial parent or absent parent is currently employed, laid off, or on sick, disability, or other leave of absence, or retired and the amount of income due from an employment-related benefit plan, if any.
- (f) Dependent health-care coverage available to the custodial parent or absent parent as a benefit of employment.

Use this space for any necessary explanations from the other side.