

Recipient Name
Recipient Address

Our records show that your current support order does not require you to provide health insurance for your children. Our office is required by law to seek health insurance for your dependent child(ren). A motion will be filed with the court to add health insurance coverage to your current support order.

Enclosed is a blank Health Insurance Information form (DCSS 0054) for you to fill out and return to our office. You may return this form to our office by mail at the following address:

[ADDRESS_LCSA]

You may also return this form by visiting our office in person at the following address:

[ADDRESS_LCSA_PHY]

You must return this form to our office within **20** calendar days of the date of this letter. Your help is needed to make sure that your child(ren) have access to any health benefits they are allowed to receive by law, and that the court is aware of your current situation.

If you have any questions about this letter or need help filling out the enclosed form, please call us at (866) 901-3212.

Enclosure