Rhode Island
DIVORCE MEDIATION CENTER
FOR A DIVORCE YOU CAN LIVE WITH™

REQUIRED HEALTH INSURANCE INFORMATION

State laws relating to health insurance and child support requires providing us with the following information which can be obtained by contacting your company's Human Resource Department.

If your employer only offers individual benefits or family benefits only those sections need to be completed. If your company offers individual + 1 and/or individual + children in addition to individual and family benefits, those premiums ***must*** *be provided below.* **The cost for every insurance option offered by your employer MUST indicated below** *and this form MUST be returned with your other financial information documents.*

Health Insurance (check one) ____ weekly ____ bi-weekly ____ 26 pay periods
Spouses providing _____

Individual $_____
Individual +1 $_____
Individual + children $_____
Family $_____
N/A _____

Dental Insurance (check one) ____ weekly ____ bi-weekly ____ 26 pay periods
Spouses providing _____

Individual $_____
Individual +1 $_____
Individual + children $_____
Family $_____
N/A _____

Vision Insurance (check one) ____ weekly ____ bi-weekly ____ 26 pay periods
Spouses providing _____

Individual $_____
Individual +1 $_____
Individual + children $_____
Family $_____
N/A _____