



# Custodial Verification Form

## Custodial Parent or Person having custody of child

California Assembly Bill 2130, states that if a non-custodial parent is under court or administrative order to provide healthcare coverage to a dependent minor, the insurer must provide the custodial parent, or person having custody of the child, with a dependent identification card, evidence of coverage and disclosure form. Additional data concerning benefits and termination of coverage will also be available i.e. cancellation of contract, change of coverage and Explanation of Benefits.

In order to comply with Assembly Bill 2130, Blue Cross of California has created this form to verify custodial parents, or persons having custody of the child. We will add this data to your dependent's file so that , in the future, we can better serve you and your dependent's healthcare needs.

Please attach a copy of the qualified medical child support order, a health insurance coverage assignment or national medical support notice. Missing information or attachments could result in delay of processing request.

### Please Print Clearly

**SUBSCRIBER'S (non-custodial parent) CERTIFICATE NUMBER:** \_\_\_\_\_

### Custodial Parent or Person having custody of the child Data

Custodial Parent or

Person having custody of child

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Court Case Number and Date: \_\_\_\_\_

### DEPENDENT DATA

#1 Dependent Name: \_\_\_\_\_ Other names dependent is known by: \_\_\_\_\_

Dependent's Date of Birth \_\_\_\_\_

#2 Dependent Name: \_\_\_\_\_ Other names dependent is known by: \_\_\_\_\_

Dependent's Date of Birth \_\_\_\_\_

#3 Dependent Name: \_\_\_\_\_ Other names dependent is known by: \_\_\_\_\_

Dependent's Date of Birth \_\_\_\_\_

I, the undersigned, verify that the information provided in this document is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date