

NOTE: You can save and print this document and fill it out with a typewriter. To avoid printing this note page start printing at page two of the series.

If you wish, you can also purchase this document in Microsoft word format. It has a fill in the fields format and can be used on your computer without using a typewriter.

Just cut and paste this URL:

<http://www.lawca.com/order.html>

Or click our logo at the bottom of this page, or find our order page on LawCA.com under "Buy our wordprocessor forms". This form is only \$5.00. Groups of forms are as little s 20 cents each. We take checks, and all credit cards right on the web.

**Scroll down
to view or print this
free document**

electronic form ©1999
WWW.LawCA.com
Law Publishers

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
EMPLOYER'S HEALTH INSURANCE RETURN	

1. Name of parent employee:

2. Home address of absent parent employee:

Not known

3. The employee has *no* insurance policies for health care, vision care, or dental care through this employment.

4. The employee has the following insurance policies covering health care, vision care, and dental care:

<u>Company</u>	<u>Type of policy</u>	<u>Policy No.</u>	<u>Persons insured</u>
----------------	-----------------------	-------------------	------------------------

Date:

.....
(TYPE OR PRINT NAME OF EMPLOYER)



(SIGNATURE OF EMPLOYER)

Address:

Telephone No.:

5. Return this completed return to the following district attorney within 30 days (*name and address of district attorney*):

If any insurance coverage lapses, complete the notice below and return a copy to the same district attorney.

NOTICE OF LAPSE IN HEALTH INSURANCE

6. The health insurance listed on the Employer's Health Insurance Return above has

lapsed terminated FOR (*check one*):

a. all persons insured for the following reason (*specify*):

b. the following person (*name*): _____ for the following reason (*specify*): _____

Date:

.....
(TYPE OR PRINT NAME OF EMPLOYER)



(SIGNATURE OF EMPLOYER)

Address:

Telephone No.: