



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, Anthem Blue Cross has created this form to verify custodial parents, or persons having custody of the child. We will add this data to your dependents file so that, in the future, we can better serve you and your dependents healthcare needs.

Please attach a copy of the qualified medical child support order, a health insurance coverage assignment or a 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 child DATA

Custodial Parent or Person having custody of Child

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

_____ Court Case Number: _____

_____ Court Date: _____

Dependent DATA

#1 Dependent Name: _____ Other names dependent is known by: _____

Dependent Date of Birth: _____

#2 Dependent Name: _____ Other names dependent is known by: _____

Dependent Date of Birth: _____

#3 Dependent Name: _____ Other names dependent is known by: _____

Dependent Date of Birth: _____

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

Signature _____ Date _____