Iowa Department of Human Services

EMPLOYER INSURANCE SECOND NOTIFICATION

«NCPEMP»
«NCPEMPADDR1»
«NCPEMPADDR2»
«NCPEMPCITYSTZIP»

«worker»

Date Prepared : «DATEGEN»

Case Number : «CASENO»

Employee Name: «NCPNAME»
Social Security # (SSN): «NCPSSN»

Dear Employer:

This office sent a request 30 days ago to gather health insurance information about the employee and the employee's children. We have not received a response. We must find out if the children are currently covered by a health insurance policy. Please provide the following information and return this form to our office within ten days:

Last date of employment for the above-named employee : _____

The health insurance coverage has, or will expire on: _____

Is the above-named employee continuing health insurance coverage? ☐ Yes ☐ No

If the response is yes, please indicate the type of coverage?

☐ COBRA ☐ Union agreement ☐ An agreement with the employer

☐ Obligor paying own premium ☐ Other options

Please list the person CSRU may contact concerning continuing coverage:

Name: _____

Insurance Company: _____

_____

Phone Number: _____

Return this form to the address provided below.

Child Support Recovery Unit
«CSRUADDR1»
«CSRUADDR2»
«CSRUCITYSTZIP»