



Commonwealth of Massachusetts
EOHHS

NONCUSTODIAL PARENT FORM

Instructions

This form is being sent to you because you recently completed an application for certain state health plans such as MassHealth and listed one or more children in your household, without listing two custodial parents. This indicates that the child(ren) may have a noncustodial parent. A noncustodial parent is a parent who does not live with his or her child.

This form must be filled out and signed by the custodial parent or legal guardian of the children listed on the application for health care coverage. You must provide the requested information for each child who has a noncustodial parent.

To get MassHealth, you agree to cooperate with MassHealth and the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) in collecting medical support from noncustodial parents. This means that you must fill out this form to help us identify the noncustodial parent who has to pay for medical care for you and your children. Cooperation also means that you may have to, among other things,

- appear at a state or local office to provide relevant information;
- appear as a witness at a court or other proceeding;
- provide information under penalty of perjury, including information about the identity, location, and employment of a noncustodial parent;
- pay to MassHealth any support or medical care funds received that are covered by the assignment of rights; and
- take any other reasonable steps to assist in establishing paternity, securing medical support and payments, and identifying and providing information to help us pursue liable third parties.

Your eligibility could be affected if you do not fill out this form in its entirety and do not meet the exceptions described below.

Please fax or mail to

Health Insurance Processing Center

P.O. Box 4405

Taunton, MA 02780

Fax: 1-857-323-8300

Important

MassHealth will not deny or terminate your child's MassHealth benefits if you do not cooperate, but your eligibility may be impacted. Even if you are not required to establish paternity, paternity establishment may result in financial benefits for the child, such as Social Security dependents' benefits, pension benefits, veterans benefits, and possible rights of inheritance. You can ask for child-support-enforcement services if you want help getting noncustodial parent to pay for health insurance or child support for the child. To do this, call DOR at 1-800-332-2733, or go to www.mass.gov/dor and click on Child Support. The child's MassHealth benefits will not be affected if you choose to ask for these services or not. If you ask for these services, you will have to cooperate with DOR.

Noncustodial Parent Information

Please provide the following information for each child on the application who has a noncustodial parent. We have provided space for three children and three noncustodial parents. If you need more room, please make a copy of this form or use a separate piece of paper.

If you are applying for benefits for an unborn child, you do not need to give us information about the noncustodial parent of the unborn child at this time.

Name of Child #1

First name _____

Middle name _____

Last name _____

Do any of the following apply to this child?

- Adoption of this child is in process.
- This child was born as a result of sexual abuse or assault.
- Cooperation, as defined on page 2, is not in the best interest of this child (for example, cooperation could result in serious physical or emotional harm to me and/or the child).

- I adopted this child as a single parent.
- The noncustodial parent of this child is deceased.
- I do not know who the noncustodial parent of this child is.
- I am not married to the father of this child AND I am currently pregnant.

If you checked any of the boxes above, you do not have to provide information for this child's noncustodial parent. Please provide noncustodial parent information for any other child(ren) and sign at the end of this form.

Name of noncustodial parent for Child #1

- I do not know

First name _____

Middle name _____

Last name _____

Noncustodial parent's relationship to child

- Mother Father

Gender M F

Date of birth (mm/dd/yyyy) ____ / ____ / _____

- I do not know

Social security number I do not know
____ - ____ - _____

Driver's license number I do not know

Address I do not know

Telephone number I do not know

Employer name and address I do not know

Does the noncustodial parent have insurance that covers dependents?

Yes No I do not know

If yes, please provide the following information.

Policyholder name

Insurance company _____

Policy number _____

Group number _____

Has a court issued an order for the noncustodial parent to provide health insurance for the child?

Yes No I do not know

If yes, where and when was the order issued?

I do not know

Has a court issued an order for the noncustodial parent to provide health insurance for you, the custodial parent?

Yes No I do not know

If yes, where and when was the order issued?

I do not know

Name of Child #2

First name _____

Middle name _____

Last name _____

Do any of the following apply to this child?

Adoption of this child is in process.

This child was born as a result of sexual abuse or assault.

- Cooperation, as defined on page 2, is not in the best interest of this child (for example, cooperation could result in serious physical or emotional harm to me and/or the child).
- I adopted this child as a single parent.
- The noncustodial parent of this child is deceased.
- I do not know who the noncustodial parent of this child is.
- I am not married to the father of this child AND I am currently pregnant.

If you checked any of the boxes above, you do not have to provide information for this child's noncustodial parent. Please provide noncustodial parent information for any other child(ren) and sign at the end of this form.

Name of noncustodial parent for Child #2

- I do not know

First name _____

Middle name _____

Last name _____

Is this the same noncustodial parent named for Child #1 above? Yes No

If yes, skip the rest of this section. Make sure to sign this form.

Noncustodial parent's relationship to child

Mother Father

Gender M F

Date of birth (mm/dd/yyyy) ____ / ____ / _____

I do not know

Social security number I do not know

____ - ____ - _____

Driver's license number I do not know

Address I do not know

Telephone number I do not know

Employer name and address I do not know

Does the noncustodial parent have insurance that covers dependents?

Yes No I do not know

If yes, please provide the following information.

Policyholder name

Insurance company _____

Policy number _____

Group number _____

Has a court issued an order for the noncustodial parent to provide health insurance for the child?

Yes No I do not know

If yes, where and when was the order issued?

I do not know

Has a court issued an order for the noncustodial parent to provide health insurance for you, the custodial parent?

Yes No I do not know

If yes, where and when was the order issued?

I do not know

Name of Child #3

First name _____

Middle name _____

Last name _____

Do any of the following apply to this child?

- Adoption of this child is in process.
- This child was born as a result of sexual abuse or assault.
- Cooperation, as defined on page 2, is not in the best interest of this child (for example, cooperation could result in serious physical or emotional harm to me and/or the child).
- I adopted this child as a single parent.
- The noncustodial parent of this child is deceased.
- I do not know who the noncustodial parent of this child is.
- I am not married to the father of this child AND I am currently pregnant.

If you checked any of the boxes above, you do not have to provide information for this child's noncustodial parent. Please provide noncustodial parent information for any other child(ren) and sign at the end of this form.

Address I do not know

Telephone number I do not know

Employer name and address I do not know

Does the noncustodial parent have insurance that covers dependents?

Yes No I do not know

If yes, please provide the following information.

Policyholder name

Insurance company _____

Policy number _____

Group number _____

Has a court issued an order for the noncustodial parent to provide health insurance for the child?

Yes No I do not know

If yes, where and when was the order issued?

I do not know

Has a court issued an order for the noncustodial parent to provide health insurance for you, the custodial parent?

Yes No I do not know

If yes, where and when was the order issued?

I do not know

Signature

I certify under penalty of perjury that I am the custodial parent or legal guardian of the minor child(ren) listed on this form, that I have provided all the information I have or can reasonably get, and that the information in this form is correct and complete to the best of my knowledge.

X _____

Signature of custodial parent or legal guardian

Print name _____

Date ____ / ____ / _____