



**Health Solutions**  
1205 Windham Parkway  
Romeoville, IL 60446  
630.378.2900 / 630.378.2504 fax  
HealthCustomerService@CBServices.org

### Other Coverage Information for Other Natural Parent

Name of Child (Last, First, Middle Initial)

Insured's Name and ID Number

**Charges for this child are pending the receipt of your answers to the following questions:**

1. Name of Child's Other Natural Parent (Last, First, Middle Initial)

Other Natural Parent's Address (Street, City, State and Zip Code)

2. Other Natural Parent's Employer

Employer Address (Street, City, State and Zip Code)

Employer Phone Number

3. Does this child's Other Natural Parent carry any health coverage?  Yes  No (If Yes, please complete the following questions below)

Carrier Name

Carrier Phone Number:

Other Natural Parent's  
Social Security Number

Policy Number

4. Is there any legal agreement as to financial or health coverage responsibility between you and this child's Other Natural Parent?  Yes  No (If Yes, please include a copy of the agreement in your return correspondence).

5. Does this child have any other health coverage?  Yes  No (If Yes, please complete the following).

Carrier Name

Carrier Phone Number:

Carrier Address (Street, City, State and Zip Code)

What is the effective date of this coverage?

It is important that you respond as quickly as possible to the above questions. Please return completed form with signature and date by mail to: **Christian Brothers Health Solutions, 1205 Windham Parkway, Romeoville, IL 60446.** Or you can fax the form to us at **630.378.2504.** Thank you for your assistance. If you have any questions, please call our Customer Service Department at **1.800.807.0400.**