



**CHRISTIAN
BROTHERS
SERVICES**

1205 Windham Parkway
Romeoville, IL 60446-1679

Health Benefit Services
630.378.2900 • 800.807.0100 • 630.378.2504 fax
info@cbservices.org • cbservices.org

DIVORCE DECREE INFORMATION

EMPLOYEE NAME & SOCIAL SECURITY # _____

National guidelines have been set up to decide the "order of benefits" in divorce situations. Please refer to Page 44 of the Medical section of Your Employee Benefits booklet. We must have information from your divorce decree to place in your file. Because this information is personal, you may either send us a copy of your divorce decree or answer the following questions on this letter, and return it to our office.

1. If you are legally divorced, please provide the names of the children listed in the decree:

2. Does the decree give full custody to one parent? If so, which parent: _____. Or do parents share joint custody? _____

3. Does the decree state that one parent must provide medical/dental coverage? Yes No
If **yes**, which parent? _____
(That parent's coverage, if any, is primary)
If **no**, the coverage of the parent with full legal custody is primary.
If **legal custody is joint**, normal guidelines apply; such as, male/female rule or birthday rule.

4. Name, Social Security number, and date of birth of other parent:

Name, address, and phone number of the other parent's employer:

The above has been provided based upon divorce decree information.

Date: _____ Signature of Employee: _____

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 Employee Benefit Services, 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**.