



**State of Connecticut  
Health Enhancement Program (HEP)**

**NON-CUSTODIAL PARENT EXEMPTION FORM  
Non-Compliance Response  
CO-1325**

**INSTRUCTIONS:** This form should be used to claim an exemption from the requirements of the Health Enhancement Program for children who reside with your former spouse. Please complete all sections. **It is your responsibility to submit this form to the address or fax number listed below.**

Office of the State Comptroller  
Healthcare Policy & Benefit Services Division  
Healthcare Analysis Unit  
55 Elm Street  
Hartford, CT 06106  
**Fax Number - 860-702-3556**

**Member Information** (Required and must match exactly with that listed on your Medical/Dental Plan ID card.)

Member Identification Number		Group Number	Employee ID	Dept ID
Employee/Retiree: Last Name		First Name	Middle Initial	Date of Birth (MM/DD/YY)
Non-Compliant Child: Last Name		First Name	Middle Initial	Date of Birth (MM/DD/YY)
Home Address - Number and Street Name		City	State	Zip Code
Telephone		E-mail Address		

**Non-Custodial Parent**

**The children identified above are in the custody of my former spouse. Despite my best efforts I have been unable to secure their compliance with the Health Enhancement Program's preventative requirements.**

**ATTACH A COPY OF YOUR DIVORCE DECREE OR LEGAL SEPARATION JUDGMENT AWARDED PHYSICAL CUSTODY OF THE ABOVE CHILDREN TO YOUR FORMER SPOUSE**

**ACKNOWLEDGEMENT:** By signing below, I certify that the information on this form is true and correct and acknowledge that my claim for an exemption is subject to verification.

Signature	Date
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