

**CHILD SUPPORT COMPUTATION  
SUPPLEMENTAL WORKSHEET**

Parent A \_\_\_\_\_

Parent B \_\_\_\_\_

**WORKSHEET S-5 (PRIVATE HEALTH CARE COVERAGE COSTS)**

**Use this worksheet to determine if the cost of private health care coverage that is accessible and comprehensive is reasonable in cost**

	Parent A	Parent B
1. Each parent's adjusted gross income (from CSCW line 7) If no Parent A, enter zero		
2. Each parent's percentage share of income (from CSCW line 8)		
3. Cost of private health care coverage premium (enter cost for child only in column of the parent who is ordered or will be ordered to provide private health care coverage)		
4. Each parent's pro rata share of premium (each parent's line 2 times the cost of private health care premium amount in line 3)		
5. If applying reasonable in cost cap, enter each parent's line 1 multiplied by 7%, and proceed to line 5a.  If the fact finder determines that a cost greater than 7% of adjusted gross income should be used, or if no Parent A, go to line 6.		
5a. If line 4 is less than or equal to line 5, private health care coverage is reasonable in cost. Enter amounts from line 4 and go to line 7.  If line 4 is greater than line 5, private health care coverage is not reasonable in cost. Enter zero and go to line 7; unless, if the providing party's portion of the costs to enroll only him/herself was previously added to line 3 of the CSCW, stop here and return to CSCW line 3. Remove this cost and recalculate the CSCW, including any supplemental worksheets, if applicable.		
6. If using an amount greater than the reasonable in cost cap is in the best interests of the child, or there is no Parent A, enter the amounts from line 4 in each parent's respective column and go to line 7. (For single parent calculations this cost cannot exceed the support amount from CSCW line 18, Parent B).		
7. Each parent's net child support obligation (from CSCW line 18)		
8a. Total net child support obligation with health care costs <u>if Parent A is ordered</u> to provide health care coverage (line 7 Parent B plus line 5a or line 6 Parent B) <b>(OR)</b>		
8b. Total net child support obligation with health care costs <u>if Parent B is ordered</u> to provide health care coverage (line 5a or line 6 <b>Parent A</b> subtracted from line 7 Parent B; if no Parent A, enter line 6 Parent B subtracted from line 7 Parent B. If negative number place a minus sign in front or enclose the amount in parenthesis)		
<b>&gt;Transfer figure from line 7 Parent A to CSCW line 19 Parent A. Transfer figure from line 8a or 8b Parent B to CSCW line 19 Parent B.</b>		