

Cause No: _____

IN THE INTEREST OF	§	IN THE DISTRICT COURT
	§	
AND	§	_____ JUDICIAL DISTRICT
	§	
MINOR CHILDREN	§	HARRIS COUNTY, TEXAS

REQUIRED HEALTH INSURANCE INFORMATION
PURSUANT TO TFC§154.181(b)

Pursuant to Texas Family Code §154.181(b), the parties submit the following information regarding health insurance for the minor child(ren) the subject of this suit:

Check the appropriate box:

Private health insurance is in effect for the minor child(ren):

Identity of Health Insurance Company: _____

Policy Number: _____

Name of parent responsible for payment of premium: _____

Is coverage available through a parent's Employment?: Yes No

Cost of Premium?: \$_____ Per week/month/year (circle one)

Private health insurance is not in effect for the minor child(ren):

[Is/Are] the child(ren) receiving medical assistance under Chapter 32, Human Resources Code? Yes No

If YES, the cost of the Premium? \$_____ Per week/month/year (circle one)

Does either parent have access to private Health insurance at a reasonable cost to that parent, reasonable defined as premium month not to exceed ten percent (10%) of the parent's Net income per month? Yes No