

IN THE INTEREST OF

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IN THE DISTRICT COURT

CHILDREN

BELL 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:

Does either parent have access to private health insurance at a reasonable cost to that parent? Reasonable cost is defined as a monthly premium that does not exceed ten percent (10%) of the parent's net income per month.

Yes       No

**Private Health Insurance is in effect for the minor children:**

Name 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

**Private Health Insurance is not in effect for the minor children:**

Are the children receiving medical assistance under Chapter 32 of the Human Resources Code (**Medicaid**)?

Yes       No

Are the children receiving health benefits coverage under a state health child plan under Chapter 62 of the Health and Safety Code (**CHIP**)?

Yes       No

Cost of the premium: \$ \_\_\_\_\_ per WEEK / MONTH / YEAR