

**REQUIRED HEALTH AND DENTAL INSURANCE INFORMATION PURSUANT TO
TFC §154.181 AND §154.1815**

Pursuant to Texas Family Code §154.181(b) and §154.1815, EACH PARTY THAT IS A PARENT OF A CHILD OF THIS SUIT shall submit the following information regarding the availability of health insurance and dental insurance for the minor child(ren) the subject of this suit:

Place an X or check mark inside the () next to parts I-IV below that apply to your case, and answer the questions and provide the information that follows:

I. () **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 monthly premium for the child(ren) of this suit only: _____

II. () **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 or Chapter 62, Health and Safety Code (i.e. CHIPS or Medicaid)?
() Yes () No

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

Do you have access to private health insurance at a reasonable cost to you? Reasonable cost is defined as the cost of health insurance coverage for the child(ren) of this suit that does not exceed 9% of the parent's annual gross resources, as described by section 154.062(b) of the Texas Family Code.
() Yes () No

If yes, for the private health insurance that is available to you at a reasonable cost:

Identity of Health Insurance Company: _____

Name of parent responsible for payment of premium: _____

Cost of monthly premium for the child(ren) of this suit only: _____

If no, state the names of each provider you have applied for health insurance for the children under, and the dates that you applied for same*: _____

III. () **Private dental 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 monthly premium for the child(ren) of this suit only: _____

IV. () **Private dental insurance is not in effect for the minor child(ren):**

Do you have access to private dental insurance at a reasonable cost to you? Reasonable cost is defined as the cost of health insurance coverage for the child(ren) of this suit that does not exceed 1.5% of the parent's annual gross resources, as described by section 154.062(b) of the Texas Family Code.

() Yes () No

If yes, for the private health insurance that is available to you at a reasonable cost:

Identity of Health Insurance Company: _____

Name of parent responsible for payment of premium: _____

Cost of monthly premium for the child(ren) of this suit only: _____

If no, state the names of each provider you have applied for health insurance for the children under, and the dates that you applied for same*: _____

***Please see §154.181(d) and §154.1815(e) TFC regarding the production of evidence to the court's satisfaction that the parent has applied for or secured health and dental insurance.**