CAUSE NO.

IN THE MATTER OF THE MARRIAGE OF	§	IN THE DISTRICT COURT
	§	
	§	
	§	
AND	§	_____ JUDICIAL DISTRICT
	§	
	§	
AND IN THE INTEREST OF	§	
	§	
MINOR CHILD(REN).	§	________ COUNTY, TEXAS

HEALTH INSURANCE AVAILABILITY

Name of Person carrying coverage: ____________________________ SSN: ______________________

1. Beside the name of each child, check all types of health insurance or benefits currently covering that child(ren):

	Father's Employer	Mother's Employer	Private	Medicaid	CHIP	Other	None
Child's Name ________________	☐	☐	☐	☐	☐	☐	☐
DOB: ___________							
SSN: ___________							
Child's Name ________________	☐	☐	☐	☐	☐	☐	☐
DOB: ___________							
SSN: ___________							
Child's Name ________________	☐	☐	☐	☐	☐	☐	☐
DOB: ___________							
SSN: ___________							

	Father's Employer	Mother's Employer	Private	Medicaid	CHIP	Other	None
Child's Name ______________	☐	☐	☐	☐	☐	☐	☐
DOB:__________							
SSN:__________							

2. For each insurance source, please list:

a. Name of Insurance Company______________________________

b. Group Policy ID Number______________________________

c. Policy holder Name and ID Number______________________________

d. Name of Child covered______________________________

e. Cost of premium to you (for children):______________________________

Are you paying the premiums? ☐No ☐Yes

a. Name of Insurance Company______________________________

b. Group Policy ID Number______________________________

c. Policy holder Name and ID Number______________________________

d. Name of Child covered______________________________

e. Cost of premium to you (for children):______________________________

Are you paying the premiums? ☐No ☐Yes

____

Signature of person completing form

Printed name:______________________