

**STATEMENT OF HEALTH INSURANCE AVAILABILITY**

This statement is made by \_\_\_\_\_, Petitioner/Respondent, in accordance with section 154.181 of the Texas Family Code.

1. *Children:* The following child/ren is/are the subject of this suit:

**Name:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security number: XXX-XX-X\_\_\_\_

**Name:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security number: XXX-XX-X\_\_\_\_

**Name:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security number: XXX-XX-X\_\_\_\_

2. *Health Insurance Availability*

\_\_\_\_\_ Private health insurance is in effect for the child/ren.

\_\_\_\_\_ The insurance coverage is/is not provided through a parent's employment.

\_\_\_\_\_ Private health insurance is not in effect for the child/ren

\_\_\_\_\_ The child/ren [is/are/are not] receiving Medicaid benefits under chapter 32, Human Resources Code.

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_ Monthly cost of premium: \$\_\_\_\_\_

Date: \_\_\_\_\_.

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_