

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by _____ in accordance with section 154.181 of the Texas Family Code.

1. *Children*

The following children are the subject of this suit:

Name: _____

Birth date: _____

Name: _____

Birth date: _____

Name: _____

Birth date: _____

2. *Health Insurance Availability*

Private health insurance [is/is not] in effect for the children

Name of insurance company: _____

Account number: _____

Party responsible for premium: _____

Cost of premium: _____

The insurance coverage [is/is not] provided through a parent's employment.

Date: _____
