

NO. _____

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: _____
Social Security: _____

Name: _____
Birth date: _____
Social Security: _____

Name: _____
Birth date: _____
Social Security: _____

2. Health Insurance Availability

Private health insurance is/ is not in effect for the children.

Name of insurance company: _____

Group Number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

The insurance coverage is provided through the following:

- A parent's employment
- Other: _____

Date: _____.
